



MONGE & ASSOCIATES

Personal Injury & Wrongful Death Lawyers

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Charles Rauton

Alex Zubrowski

■ Also Admitted in AL

♦ Also Admitted in FL

▲ Also Admitted in SC

+ Also Admitted in NC

* Also Admitted in TN

October 10, 2022

VIA CERTIFIED MAIL:

Zurich Services Corp.

ATTN: Cathy Morelli

PO Box 968064

Schaumburg, IL 60196

**Re: Your Insured:
Claim No.
Our Client:
Date of Loss:**

**TJX Companies/ TJ Maxx
9640444960
Fisher Hovers
3/29/2021**

SETTLEMENT DEMAND

Dear Cathy,

Please accept this correspondence as our client's demand for settlement and compromise of this claim for damages arising from the referenced incident. While the following information should assist you in evaluating this claim and includes medical records, medical bills, and documentation showing the losses sustained by our client, this letter and the enclosed materials are submitted for the purpose of negotiation only. For this reason, nothing contained herein shall constitute an admission by our client, nor be admissible against our client at any hearing or trial.

Clear Liability:

On 3/29/2021, our client, Fisher Hovers (Age 3), was injured when a shopping cart located in a TJ Maxx Store collapsed on top of him while he and his mother were shopping. Our client immediately was rushed to Children's Healthcare of Atlanta. Under Georgia law, the doctrine of Res Ipsa Loquitur allows an inference of negligence to arise from the happening of an event causing an injury to another. Under the doctrine, a plaintiff must show that the defendant

owned, operated, and maintained, or controlled and was responsible for the management and maintenance of the thing doing the damage, and the accident was of a kind which does not ordinarily happen without negligence. (*See Exhibit 1, Turry et al. v. Hong Kong Delight, Inc., 215 Ga.App. 193, 449 S.E.2d 873 (1994)*).

In Turry, the plaintiff was injured when the sofa he was sitting on in the defendant's restaurant collapsed. The evidence showed that the defendant owned and operated the restaurant where the incident occurred, and that the defendant placed the sofa in the reception area for customers waiting for a table. In permitting the application of the doctrine of Res Ipsa Loquitur to these facts, the Court stated:

Since [defendant] owned and operated the restaurant and provided the sofa for customers waiting for a table and the evidence presented shows [plaintiff] sat on the sofa and it collapsed, a jury would be authorized to infer negligence from the evidence that the chair collapsed during ordinary use by the plaintiff.

Here, there is no question that your insured owned and operated the premises, that the shopping cart involved was provided for customers of your establishment, and that the shopping cart collapsed on top of our client. Thus, it is our position that liability on this matter is **clear and absolute** and that our client has ample evidence to make a proper showing under the doctrine of Res Ipsa Loquitur at any trial which may arise as a result of this incident.

Georgia law further provides that an owner or occupier of land is liable for damages to an invitee "for injuries caused by his failure to exercise ordinary care in keeping the premises and approaches safe." (*See, Exhibit "2," O.C.G.A. ' 51-3-1*). Thus, your insured is under a statutory duty to keep the areas open to its customers in a safe condition. Because your insured's agents and employees allowed a defective shopping cart to remain on the property, our client sustained serious injuries when it collapsed on top of him.

Nature of Personal Injuries:

Due to the nature of his injuries, our client presented himself for emergency medical treatment at the Children's Healthcare of Atlanta-Egleston Hospital with complaints of hand injury. At this time, we are enclosing photographs of our client's injuries, a copy of his emergency room records, as well as copies of his subsequent medical records related to care that he received from various medical doctors, plus follow up therapy. Below is a highlight of the personal injuries sustained by our client: **Left-sided proximal phalanx thumb fracture (angulated and displaced), tissue swelling, and restricted movement.**

Furthermore, our client was unable to resume his normal activities as a three-year old toddler as a result of his injuries. To this date, our client continues to experience pain and suffering as a result of this incident. (*See Exhibit "3," Photographs, Emergency Room, and Follow Up Medical Records and Related Expenses*).

The special damages which our client incurred as a result of this serious incident would include, but are not limited to, the following:

1.	Children's Hospital	\$9,110.65
2.	Children's Urgent Care	\$1,987.10
3.	Pediatric Orthopedic Associates	\$2,019.00
TOTAL SPECIAL DAMAGES		\$13,116.75

Settlement Demand:

On the basis of medical and lost wage damages incurred by our client, as well as the extreme pain and suffering which our client has been forced to endure, all of which were caused by the clear negligence of your insured we are demanding a tender of **\$100,000.00**. A reasonable jury, in our opinion, would have little difficulty in awarding the amount requested, if not a far greater award. The amount cited in this settlement demand assumes that a copy of your insured's applicable declaration page has been produced to our office and that there is no applicable excess, umbrella, or uninsured motorist coverage.

This is a time limited demand, and, at 4:30 p.m., 30 days from the date of this correspondence, it will be withdrawn and rescinded. The only payees listed on the settlement check should be our single client and Monge & Associates, P.C., tax id number is 58-2286270. This correspondence is written in the spirit of compromise and settlement. All of the enclosed materials shall remain the property of our client and shall be returned upon request.

With best regards, I remain,

Very truly yours,



Jazzell Carter
Attorney at Law

stances, we cannot say that the trial court was clearly erroneous in finding that appellant had not proven ineffective assistance of counsel. *Hall v. State*, supra 210 Ga.App. at 794, 437 S.E.2d 634.

[5] 3. We reject appellant's contention that the trial court applied an incorrect burden of proof during the hearing on the motion to withdraw the guilty plea. With regard to the claim of ineffective assistance of counsel, the trial court properly placed the burden of proof upon appellant. *Id.* at 793, 437 S.E.2d 634. However, as to whether appellant's guilty plea was entered voluntarily and intelligently, the State had the burden of proof, *Scurry v. State*, 194 Ga.App. 165, 166, 390 S.E.2d 255 (1990), and nothing in the record suggests that the trial court assigned the burden otherwise.

Judgment affirmed.

BIRDSONG, P.J., and BLACKBURN, J., concur.



215 Ga.App. 193

TURRY et al.

v.

HONG KONG DELIGHT, INC.

No. A94A1156.

Court of Appeals of Georgia.

Oct. 12, 1994.

Reconsideration Denied Nov. 14, 1994.

Restaurant patron brought personal injury suit against restaurant. The State Court, Fulton County, Vaughn, J., entered judgment for restaurant and appeal was taken. The Court of Appeals, Ruffin, J., held that doctrine of *res ipsa loquitur* would permit jury to find restaurant negligent in connection with collapse of sofa on which patron

was sitting while waiting for his opportunity to be seated for meal.

Reversed.

1. Negligence \Rightarrow 121.2(6, 8)

Under doctrine of *res ipsa loquitur* plaintiff must show defendant owned, operated and maintained or controlled and was responsible for management and maintenance of thing doing damage, and accident was of kind which, in absence of proof of some external cause, does not ordinarily happen without negligence.

2. Negligence \Rightarrow 121.3

Under *res ipsa loquitur* doctrine jury could infer negligence from collapse of sofa on which restaurant patron was sitting while waiting opportunity to be seated for meal; sofa was placed in reception area for use by guests, and was under control of restaurant, and incident was kind not likely to happen without negligence.

Slater, King & Gross, Cary S. King, Atlanta, for appellants.

Bentley, Karesh & Seacrest, Gary L. Seacrest, Atlanta, Robin Depetrillo, Decatur, for appellee.

RUFFIN, Judge.

Plaintiff, Bruce Turry, appeals the grant of summary judgment to defendant, Hong Kong Delight, Inc. ("Hong Kong Delight"). Turry contends he was injured when the sofa he was sitting on in Hong Kong Delight's restaurant collapsed. The incident occurred when Turry was waiting in Hong Kong Delight's reception area to be seated for dinner. After Turry sat down, the portion of the sofa directly below him collapsed and Turry fell through the sofa to the floor.

It is uncontroverted that the Hong Kong Delight owns and operates the restaurant. It is also undisputed that Hong Kong Delight placed the sofa in the reception area for customers waiting for a table. There is no evidence that the sofa collapsed as a result of misuse by Turry.

[1] 1. Turry contends the trial court erred in ruling the doctrine of *res ipsa loquitur* does not apply to this case. The doctrine "is a rule of evidence which allows an infer-

ence of negligence to arise from the happening of an event causing an injury to another...." (Citations and punctuation omitted.) *Gresham v. Stouffer Corp.*, 144 Ga.App. 553, 554, 241 S.E.2d 451 (1978). Under the doctrine, the plaintiff must show "the defendant owned, operated, and maintained, or controlled and was responsible for the management and maintenance of the thing doing the damage, and the accident was of a kind which, in the absence of proof of some external cause, does not ordinarily happen without negligence." (Citations and punctuation omitted.) *Id.*

[2] In *Gresham*, the plaintiff was seated at the defendant's restaurant. He was injured when the chair he was sitting on collapsed. The defendant owned and operated the restaurant and the chair was furnished by the restaurant for plaintiff's use as a customer. The plaintiff presented no evidence at trial of any specific instances of negligence on the part of the defendant in keeping the premises safe for its customers. Under these limited facts, the court ruled a jury would be authorized to conclude that the chair was in the full control of the defendant and that it was responsible for its maintenance.

Since Hong Kong Delight owned and operated the restaurant and provided the sofa for customers waiting for a table and the evidence presented shows Turry sat on the sofa and it collapsed, "a jury would be authorized to infer negligence from the evidence that the chair collapsed during ordinary use by the plaintiff. [Cits.]" *Id.* Therefore, we find that the trial court erred in granting summary judgment to Hong Kong Delight.

2. Since we have determined that the trial court erred in failing to apply *res ipsa loquitur*, we need not consider whether Hong Kong Delight had knowledge of the defect or a duty to inspect, as further enumerated by Turry.

Judgment reversed.

BIRDSONG, P.J., and BLACKBURN, J., concur.



215 Ga.App. 102

ELLERBEE

v.

The STATE.

No. A94A1575.

Court of Appeals of Georgia.

Oct. 20, 1994.

Reconsideration Denied Nov. 2, 1994.

Defendant was convicted in the Fulton City Court, Tipton-Lane, J., of being less safe driver and driving with blood-alcohol level of .10 grams percent or greater, and he appealed. The Court of Appeals, McMurray, P.J., held that: (1) conviction would be reviewed as conviction for blood-alcohol level offense which was more serious charge; (2) trial court did not err in admitting photocopy of results of blood-alcohol test; (3) filing of two-count accusation did not constitute amendment of uniform traffic citation; (4) error in refusing to give charge on circumstantial evidence was harmless; (5) stop of defendant was justified; (6) statements made by defendant were voluntarily given; and (7) explanations given by prosecution for use of peremptory strikes following *Batson* challenge were valid race-neutral justifications.

Affirmed in part and vacated in part.

1. Criminal Law ⇨984(3.1)

Conviction of defendant for being less safe driver and driving with blood-alcohol level of .10 grams percent or greater arising out of single incident would be treated on appeal as conviction for driving with prohibited blood-alcohol level, which poses more serious risk of injury to property or public. O.C.G.A. § 40-6-391(a)(1, 4).

2. Automobiles ⇨355(6)

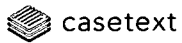
Defendant's conviction for driving with blood-alcohol level of .10 grams percent or

Ga. Code § 51-3-1

Section 51-3-1 - Duty of owner or occupier of land to invitee

Where an owner or occupier of land, by express or implied invitation, induces or leads others to come upon his premises for any lawful purpose, he is liable in damages to such persons for injuries caused by his failure to exercise ordinary care in keeping the premises and approaches safe.

OCCA § 51-3-1



C.H.O.A Urgent Care
Hudson Bridge
(03/29/2021)
(\$1,987.10)

Pediatric Ortho
Associates

(03/31/21-04/28/21)

(\$2,019.00)

C.H.O.A – Egleston
(03/29/21-04/02/21)
(\$9,110.65)

C.H.O.A – Egleston

C.H.O.A – Urgent Care
Hudson
Bridge

Pediatric Orthopaedics
Associates

Exhibit 3

(Photos)

Exhibit 2

(O.C.G.A. '51-3-1)

Exhibit 1

(Turry v. Hong Kong
Delight, Inc.)



7021 2720 0001 7734 5051

10/11/02

10/11/02

\$020.90



ZIP 30350
041M11296160



8205 Dunwoody Place
Building 19
Atlanta, GA 30350

VIA CERTIFIED MAIL:
Zurich Services Corp. ATTN Cathy Morelli
PO Box 968064
Schaumburg, IL 60196



Marvin F Hovers
166 Aubree Way
MCDONOUGH, GA 30252

Guarantor ID: 5000099740

Visit Coverages: Cigna - Cigna Network/hmo/pos/open Access Plus

This is not a bill. This is an itemization of your hospital services for:

Patient: Hovers,Fisher
Attending
Hospital 303595907

Admission 03/29/21
Type Of Stay: Outpatient [2]
Discharge Date: 03/29/21

Current Hospital Account Balance: \$380.20

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/29/21		73140	RADIOLOGIC EXAM FINGER MINI 2 VIEWS	1	62.80
03/29/21		99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	1	605.92
03/29/21		26720	CLOS TX PHALANGEAL FX; W/O MANIP EA	1	1,182.97
03/29/21		73140	RADIOLOGIC EXAM FINGER MINI 2 VIEWS	1	135.41

Total professional charges: 1,987.10



Marvin F Hovers
166 Aubree Way
MCDONOUGH, GA 30252

Guarantor ID: 5000099740

Visit Coverages: Cigna - Cigna Network/hmo/pos/open Access Plus

This is not a bill. This is an itemization of your hospital services for:

Patient: Hovers, Fisher
Attending: CHAN, GILBERT
Hospital: 607367422

Admission: 04/02/21
Type Of Stay: Outpatient [2]
Discharge Date: 04/02/21

Current Hospital Account Balance: \$1,222.62

Hospital Charges

Svc Dt	Rev Code	CPT	Description	Qty	Amount
04/02/2021	0250	J8499	MIDAZOLAM 2 MG/ML SYRP	2	58.75
04/02/2021	0270	Q4012	CAST ARM SHORT FIBERGLASS	2	0.02
04/02/2021	0278	C1713	KWIRE SMOOTH .035MM	1	23.73
04/02/2021	0320	73140	HCHG FINGER(S) MIN 2V	1	479.00
04/02/2021	0360		HCHG OR TIME LEVEL B, EACH ADDL 15 MIN	2	1,708.00
04/02/2021	0360		HCHG OR TIME LEVEL B, FIRST 15 MIN	1	1,913.00
04/02/2021	0370		HCHG ANESTHESIA PER 15 MIN, TO 1HR	3	868.50
04/02/2021	0636	J0690	CEFAZOLIN 500 MG INJECTION	2	54.75
04/02/2021	0636	J1885	KETOROLAC 15 MG INJECTION	2	38.50
04/02/2021	0636	J2405	ONDANSETRON HCL (PF) 1 MG INJECTION	4	22.50
04/02/2021	0636	J2704	PROPOFOL 10 MG IV EMULSION	10	53.00
04/02/2021	0636	J3010	FENTANYL (PF) 0.1 MG INJECTION	1	59.50
04/02/2021	0636	J3010	FENTANYL (PF) 0.1 MG INJECTION	1	59.50
04/02/2021	0710		HCHG PACU PER 15 MIN, 1ST HR	3	817.50

Total hospital charges:

6,156.25



Marvin F Hovers
166 Aubree Way
MCDONOUGH, GA 30252

Guarantor ID: 5000099740

Visit Coverages: Cigna - Cigna Network/hmo/pos/open Access Plus

This is not a bill. This is an itemization of your hospital services for:

Patient: Hovers,Fisher
Attending
Hospital 607371570

Admission 04/02/21
Type Of Stay: Outpatient [2]
Discharge Date: 04/02/21

Current Hospital Account Balance: \$683.94

Professional Charges

Date	Rev	Procedure Description	Qty	Amount
	Code	Code		
04/02/21		01820 ANES-CLOS RADIUS ULNA WRST/HND BONE	6	904.50
Total professional charges:				904.50



Marvin F Hovers
166 Aubree Way
MCDONOUGH, GA 30252

Guarantor ID: 5000099740

Visit Coverages: Cigna - Cigna Network/hmo/pos/open Access Plus

This is not a bill. This is an itemization of your hospital services for:

Patient: Hovers, Fisher
Attending
Hospital 607375748

Admission 04/02/21
Type Of Stay: Outpatient [2]
Discharge Date: 04/02/21

Current Hospital Account Balance: \$0.00

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/02/21		73140	RADIOLOGIC EXAM FINGER MINI 2 VIEWS	1	62.80
Total professional charges:					62.80

Patient: Hovers, Fisher
 MRN: 3302624
 Acct #: 607362913

Patient Demographics

Name	Patient ID	Legal Sex	Birth Date
Hovers, Fisher	3302624	Male	08/31/17 (3 yrs)
Address	Phone	Email	
166 Aubree Way MCDONOUGH GA 30252	404-621-7070 (H) 404-621-7070 (M)	—	
Reg. Status	PCP	Date Last Verified	Next Review Date
Verified	Davis, Jaime L, MD678-583-9071	03/29/21	04/28/21

Hovers, Fisher #3302624 (Acct: 607362913) (3y M) (Adm: 03/29/21)	HBUC-UC 03-03
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Admission Information

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
Watkins, Elizabeth K, MD 404-785-8660		Urgent	Confirmed Discharge
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
03/29/21 11:41 AM	03/29/21 12:30 PM	Urgent Care	Incomplete
Hospital Area	Unit	Room/Bed	Referring Provider
CHILDREN'S	HUDSON BRIDGE UC	UC 03/03	
Procedure			
Diagnosis			
Discharge Disposition	Discharge Destination		
Home	Home		

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/29/2021 1230	Home	Home	Watkins, Elizabeth K, MD	Hudson Bridge Urgent Care

Events

ED Arrival at 3/29/2021 1109

Unit: Hudson Bridge Urgent Care

Admission at 3/29/2021 1141

Unit: Hudson Bridge Urgent Care

Room: UC 03

Bed: 03

Patient class: Urgent Care

Service: Urgent Care

ED Roomed at 3/29/2021 1141

Unit: Hudson Bridge Urgent Care

Room: UC 03

Bed: 03

Patient class: Urgent Care

Service: Urgent Care

Discharge at 3/29/2021 1230

Unit: Hudson Bridge Urgent Care

Room: UC 03

Bed: 03

Patient class: Urgent Care

Service: Urgent Care

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Admission Information (continued)

Events (continued)

Discharge at 3/29/2021 1230

Unit: Hudson Bridge Urgent Care
Patient class: Urgent Care

Room: UC 03
Service: Urgent Care

Bed: 03

Allergy Information

No Known Allergies

Problem List

Never Reviewed

None

History

Family as of 3/29/2021

None

Family Status as of 3/29/2021

None

All Meds and Administrations

Ibuprofen (MOTRIN) 176 mg suspension [210194066]

Ordering Provider: Watkins, Elizabeth K, MD

Ordered On: 03/29/21 1144

Dose (Remaining/Total): 10 mg/kg (0/1)

Frequency: X1

Status: Completed (Past End Date/Time)

Starts/Ends: 03/29/21 1145 - 03/29/21 1145

Route: Oral

Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
03/29/21 1145	Given	176 mg	Oral	Performed by: Chapko, Tammy J, RN

Medications at Start of Encounter

Disp	Refills	Start	End
cetirizine HCl (ZYRTEC PO) (Taking)			
Class: Historical Med			
Route: Oral			

Outpatient Medications at End of Encounter as of 3/29/2021

Disp	Refills	Start	End
cetirizine HCl (ZYRTEC PO) (Taking)			
Class: Historical Med			
Route: Oral			
Ibuprofen (MOTRIN) 100 mg/5 mL suspension 354 mL 0 3/29/2021			
(Taking)			
Sig - Route: Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain - Oral			
Class: E-Prescribe			

Hospital Medications as of 3/29/2021

Dose	Frequency	Start	End
Ibuprofen (MOTRIN) 176 mg suspension	10 mg/kg × 17.5 X1	3/29/2021	3/29/2021
(Completed)	kg		
Route: Oral			

ED Arrival Information

Expected	Arrival	Acuity
	3/29/2021 11:09	

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Admission Information (continued)

ED Arrival Information (continued)

Expected	Arrival	Acuity
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Means of arrival	Escorted by	Service	Admission type
Walk In	Parent	Urgent Care	Urgent

Arrival complaint
Left thumb Injuries/Cuts

ED Disposition

ED Disposition	Condition	Comment
Discharge		Fisher Hovers discharged to home/self care.

Condition at discharge: Good

KWIRE SMOOTH .035MM - LOG743671 - 380354

Date & Time	Field	Old Value	New Value	User
4/2/2021 9:37 AM EDT	IMPLANT NAME		PRE-ALLOCATED - 380354	Chambers, Lateesha M, RN
		PRE-ALLOCATED - 380354	KWIRE SMOOTH .035MM - LOG743671	
4/2/2021 9:37 AM EDT	INVENTORY ITEM		KWIRE SMOOTH .035MM	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SUPPLY TYPE		Implant	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MANUFACTURER		MICROAIRE SURGICAL INSTRUMENTS	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MANUFACTURER NUMBER		1600-935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SUPPLIER CATALOG NUMBER		1600935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	INVENTORY LOCATION		EG OR MAIN-OPTIMELOC	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGEABLE?		Yes	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	COST PER UNIT		2.58	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGE PER UNIT		23.73213	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGE CODE (EAP LINK)		HCHG CHARGE - FIXATION - INTERNAL AND EXTERNAL	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MODEL NUMBER		1600-935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	IMPLANTED BY		Chan, Gilbert, MD	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	STATUS OT		Implanted	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	STATUS		Implanted	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	DATE IMPLANTED		4/2/2021	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	IMPLANT LOG NUMBER		Log 743671	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	PATIENT ID		HOVERS, FISHER	Chambers, Lateesha M, RN

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Admission Information (continued)

KWIRE SMOOTH .035MM - LOG743671 - 380354 (continued)

Date & Time	Field	Old Value	New Value	User
4/2/2021 9:37 AM EDT	LATERALITY OF IMPLANTATION		Left	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	NUMBER IMPLANTED		1	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CONTACT LOG		Log 743671	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SURGERY CSN		49284281	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	LINKED TO UNFINISHED LOG?		Yes	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	TISSUE?		No	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	SMDA?		No	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	AREA OF IMPLANTATION		Thumb	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	IS TEMPORARY RECORD?		No	Chambers, Lateesha M, RN
4/2/2021 2:31 PM EDT	LINKED TO UNFINISHED LOG?	Yes	No	Flack, Bonnie L, RN

Patient Flowsheet Data

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded)

Ht/Wt - Mon March 29, 2021

Row Name	1140				
Weight	17.5 kg				
	-TC at 03/29/21 1140				
Weight (Dosing)	17.5 kg Filed from first documented Weight (Recorded).				
	-TC at 03/29/21 1140				
Weight (Actual) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				
Weight (Dosing) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				

Intake Questionnaire - Mon March 29, 2021

Row Name	1140				
Weight	17.5 kg				
	-TC at 03/29/21 1140				
Kcal/kg/d	0				
	-TC at 03/29/21 1140				
ml/kg/d	0				
	-TC at 03/29/21 1140				

Custom Formula Rows Only - Mon March 29, 2021

Row Name	1140	1142			
Weight Change Since Admission	0				
	-TC at 03/29/21 1140				
Blood Cx Optimal Volume	14				
	-TC at 03/29/21 1140				
Appropriate Bottles	if >=6mL obtained, split between 2 Aerobic/Anaerobic bottles				
	-TC at 03/29/21 1140				
Weight (Dosing) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				
10/KG	175				
	-TC at 03/29/21 1140				
15/KG	262.5				
	-TC at 03/29/21 1140				
20/KG	350				
	-TC at 03/29/21 1140				
Weight	17.4998582525372				
	7958				
	-TC at 03/29/21 1140				
5/KG	87.5				
	-TC at 03/29/21 1140				
Weight (Actual) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				
Solids - Protein Gm/kg	0 Gm/Kg				
	-TC at 03/29/21 1140				
Metric Temp		36.9			
		-TC at 03/29/21 1142			

Screening - Mon March 29, 2021

Row Name	1109	1140	1143		
Do you immunize your child?			Yes		
			-TC at 03/29/21 1143		
Has your child recently been exposed to any			No		
			-TC at 03/29/21 1143		

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Screening - Mon March 29, 2021 (continued)

Row Name	1109	1140	1143
contagious diseases (Measles, Meningitis, Hepatitis, Chicken Pox, TB, Pertussis or anything else)?			
PPE used	—	Surgical mask; Goggles; Gloves -TC at 03/29/21 1140	—
3. Has the child or close contact of the child traveled outside the United States in the past 21 days?	No -SC at 03/29/21 1109	—	No -TC at 03/29/21 1143
1. Does the child have or has the child had a cough WITH or WITHOUT a fever?	No -SC at 03/29/21 1109	—	—
2. Does the child have or has the child had a fever AND rash?	No -SC at 03/29/21 1109	—	—
4. Has the child had close contact with another ill person for 10 mins or more?	No -SC at 03/29/21 1109	—	—

Screening Complete - Mon March 29, 2021

Row Name	1109	1144
Screening	—	Screening Complete -TC at 03/29/21 1144
Destination	Fracture Care -SC at 03/29/21 1109	Fracture Care -TC at 03/29/21 1144

Arrival Documentation/Screening Begin - Mon March 29, 2021

Row Name	1140
Screening Start	Start -TC at 03/29/21 1140
PPE used	Surgical mask; Goggles; Gloves -TC at 03/29/21 1140

Charge Audit for Lab/Rad Techs - Mon March 29, 2021

Row Name	1706
Charge Audit Status	Rad Done -SR at 03/29/21 1706

Last Seen - Mon March 29, 2021

Row Name	1142
Has the child been seen by a provider in the last 24 hours	No -TC at 03/29/21 1142

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Last Seen - Mon March 29, 2021 (continued)

Row Name	1142				
for this complaint					

Armbands - Mon March 29, 2021

Row Name	1142				
Armband placement	Patient ID				
	- TC at 03/29/21 1142				

Measurements - Mon March 29, 2021

Row Name	1140				
Weight	17.5 kg				
	- TC at 03/29/21 1140				
Weight Measurement Method	Standing Scale				
	- TC at 03/29/21 1140				
Weight (Dosing)	17.5 kg Filed from first-documented Weight (Recorded).				
	- TC at 03/29/21 1140				

Neurovascular/Musculoskeletal - Mon March 29, 2021

Row Name	1143	12:26:09			
Peripheral Vascular WDL	Yes	Yes			
	- TC at 03/29/21 1143	- TP at 03/29/21 1226			
MS WDL	No	—			
	- TC at 03/29/21 1143				
ROM / Extremity Position	— left thumb injury	—			
	- TC at 03/29/21 1143				

Splinting - Mon March 29, 2021

Row Name	1143	12:26:09			
Splint Applied?	—	Yes			
		- TP at 03/29/21 1226			
Splint Types	—	Left Thumb Spica			
		- TP at 03/29/21 1226			
Padding Applied with Application	—	Cotton			
		- TP at 03/29/21 1226			
Padding Applied to Bony Prominences?	—	Yes			
		- TP at 03/29/21 1226			
Peripheral Vascular WDL	Yes	Yes			
	- TC at 03/29/21 1143	- TP at 03/29/21 1226			

Discharge Information - Mon March 29, 2021

Row Name	1251				
General Patient Family Education	After Visit Summary (AVS) Reviewed; DC Instructions Reviewed by Provider; Patient/Family verbalized understanding				
	- TP at 03/29/21 1252				
Care Specific Patient and Family Education	Orthopedic injuries; Parent/guardian verbalized understanding				
	- TP at 03/29/21 1252				

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Destination - Mon March 29, 2021

Row Name	1109	1144
Destination	Fracture Care -SC at 03/29/21 1109	Fracture Care -TC at 03/29/21 1144

Medication Preferences - Mon March 29, 2021

Row Name	1143
Prefers medications	Liquid -TC at 03/29/21 1143

Symptom Screening - Mon March 29, 2021

Row Name	1109	1143
1. Does the child have or has the child had a cough WITH or WITHOUT a fever?	No -SC at 03/29/21 1109	---
2. Does the child have or has the child had a fever AND rash?	No -SC at 03/29/21 1109	---
3. Has the child or close contact of the child traveled outside the United States in the past 21 days?	No -SC at 03/29/21 1109	No -TC at 03/29/21 1143
4. Has the child had close contact with another ill person for 10 mins or more?	No -SC at 03/29/21 1109	---

Vitals/Pain/Provider Notification - Mon March 29, 2021

Row Name	1140	1142	12:52:39
Temp	---	36.9 °C -TC at 03/29/21 1142	---
Temp src	---	Temporal -TC at 03/29/21 1142	---
Pain Scale	---	FACES -TC at 03/29/21 1142	---
Pain Intensity Rating	---	2 -TC at 03/29/21 1142	0 -TP at 03/29/21 1252
PPE used	Surgical mask; Goggles; Gloves -TC at 03/29/21 1140	---	---

Charge Audit for Nurse/MA - Mon March 29, 2021

Row Name	1252
Charge Audit Status	Nurse/MA Done -TP at 03/29/21 1252

Abuse/Neglect/Behavioral & Mental Health Screening - Mon March 29, 2021

Row Name	1143
Introductory Statement:	Children's is committed to the health and safety of you and your child. It is important to us

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Abuse/Neglect/Behavioral & Mental Health Screening - Mon March 29, 2021 (continued)

Row Name	1143
	that we ask these questions to better understand your specific needs. -TC at 03/29/21 1143
Is there anyone in your life that poses a threat to the safety of you or anyone else in your home?	No -TC at 03/29/21 1143
Do you have safety concerns about your child hurting themselves or others?	No -TC at 03/29/21 1143
Have you (CHOA staff) observed anything that prompts concerns of potential abuse/neglect (i.e. physical/behavioral signs of abuse or parent/guardian to child interactions)?	No -TC at 03/29/21 1143

User Key			(r) = Recorded By, (t) = Taken By, (c) = Cosigned By
Initials	Name	Effective Dates	
SC	Craig, Shaneka M, PCT	09/10/20 - 03/31/21	
TP	Patterson Garner, Tara E, RN	09/10/20 -	
TC	Chapko, Tammy J, RN	09/10/20 -	
SR	Ritchie Johnson, Stacey Ann H, RT	03/29/21 - 03/29/21	

Outpatient Fall Risk Score

No data filed

Intrathecal Pump

No data filed

Cardiac Services

Pacemaker/ICD General Parameters

No data filed

HSD NIC INITIAL/FINAL PACER V3

No data filed

Telephone Encounter Summary

Call Information

Call Date/Time	Department	Center
3/29/2021 11:41 AM	Hudson Bridge Uc	

Reason for Call

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Telephone Encounter Summary (continued)

Ed Notes

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM

Author: Watkins, Elizabeth K, MD	Service: Urgent Care	Author Type: Physician
Filed: 3/29/2021 12:29 PM	Date of Service: 3/29/2021 11:58 AM	Status: Addendum
Editor: Watkins, Elizabeth K, MD (Physician)		
Related Notes: Original Note by Watkins, Elizabeth K, MD (Physician) filed at 3/29/2021 12:21 PM		
Procedure Orders		
1. Splinting, Casting, Strapping [210194076] ordered by Watkins, Elizabeth K, MD		

Name: Fisher Hovers DOB: 8/31/2017 Age: 3y Sex: male
Hospital #: 607362913 MRN: 3302624 Room/Bed: UC 03/03
Attending Provider: Watkins, Elizabeth K, MD Admission Date/Time: 3/29/2021 11:41 AM

Final diagnoses:
[W23.0XXA] Caught, crushed, jammed, or pinched between moving objects, initial encounter (Primary)
[S62.512A] Closed displaced fracture of proximal phalanx of left thumb, initial encounter

Chief Complaint

Chief Complaint

Patient presents with:
• Hand Complaint

History of Present Illness

3yo M here for evaluation of L thumb pain
onto himself, smashing his thumb.

No meds yet.

Review of Systems

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.
Gastrointestinal: Negative for vomiting.
Musculoskeletal: Positive for arthralgias and joint swelling.
Skin: Negative for color change and rash.

Past Medical History

No past medical history on file.
No past surgical history on file.
Social History

No family history on file.

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Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Ed Notes (continued)

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM (continued)

History

Reviewed By	Date/Time	Sections Reviewed
Watkins, Elizabeth K, MD	3/29/2021 12:00 PM	Medical, Surgical, Family
Watkins, Elizabeth K, MD	3/29/2021 11:47 AM	Medical, Surgical, Family
Chapko, Tammy J, RN	3/29/2021 11:42 AM	Medical

Allergy and Medications

ALLERGIES - No Known Allergies

Medications -

Patient's Medications

New Prescriptions

IBUPROFEN (MOTRIN) 100 MG/5 ML SUSPENSION	Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain
--	---

Previous Medications

CETIRIZINE HCL (ZYRTEC
PO)

Modified Medications

No medications on file

Discontinued Medications

No medications on file

Physical Exam

Temp 36.9 °C (Temporal) | Wt 17.5 kg

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is active. He is not in acute distress.

Appearance: Normal appearance.

HENT:

Head: Normocephalic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Pulses: Pulses are strong.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress, nasal flaring or retractions.

Abdominal:

Tenderness: There is no abdominal tenderness. There is no guarding.

Musculoskeletal:

General: Swelling, tenderness and signs of injury present. Normal range of motion.

Comments: L thumb swelling, ecchymosis.

Skin:

General: Skin is warm and moist.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Ed Notes (continued)

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM (continued)

Capillary Refill: Capillary refill takes less than 2 seconds.

Findings: No rash.

Neurological:

Mental Status: He is alert.

Motor: No abnormal muscle tone.

UC Course

Splinting, Casting, Strapping

Date/Time: 3/29/2021 12:20 PM

Performed by: Patterson Garner, Tara E, RN

Authorized by: Watkins, Elizabeth K, MD

Consent:

Consent obtained: Verbal

Consent given by: Parent

Risks discussed: Pain, swelling, discoloration and numbness

Alternatives discussed: No treatment

Pre-procedure details:

Sensation: Normal

Procedure details:

Laterality: Left

Location: Finger

Finger: L thumb

Splint type: Thumb spica

Supplies: Cotton padding, elastic bandage and Ortho-Glass

Post-procedure details:

Pain: Improved

Sensation: Normal

Patient tolerance of procedure: Tolerated well, no immediate complications

Impression: Left-sided proximal phalanx thumb fracture, angulated and displaced, will place in a thumb spica splint and follow-up with hand on call is Dr. Mom to call in the next 3 to 5 days. Ibuprofen for pain. Definitive care for stabilization and initial management was provided today for the patient. I have examined splint placed under my supervision. The placement is appropriate. The affected extremity has normal perfusion and there is normal movement of affected digits. There is no numbness or tingling or pallor or cyanosis of affected extremity.

Diagnosis:

The primary encounter diagnosis was Caught, crushed, jammed, or pinched between moving objects, initial encounter. A diagnosis of Closed displaced fracture of proximal phalanx of left thumb, initial encounter was also pertinent to this visit.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Ed Notes (continued)

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM (continued)

Results and Interpretations

FINGER(S) MIN 2V

Final Result

IMPRESSION: Displaced and angulated fracture of
the proximal phalanx of
the thumb.

No results found for this visit on 03/29/21.

Watkins, Elizabeth K, MD
03/29/21 1221

Watkins, Elizabeth K, MD
03/29/21 1229

All Other Notes

No notes exist for this encounter.

Patient Education

Patient Education

No education to display

Hovers, Fisher

Hovers, Fisher does not have an active treatment plan of type CHEMOTHERAPY in this episode.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

All Orders

cetirizine HCl (ZYRTEC PO) [210194062] Patient-reported historical medication

Ordering date: 03/29/21 1143
Ordering mode: Standard
Frequency: - Until Discontinued

Authorized by: Admission, Medications Prior To

Neurovascular Assessment [210194063]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147

Status: Completed

Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode

Communicated by: Chapko, Tammy J, RN

Ordering user: Chapko, Tammy J, RN 03/29/21 1144

Ordering provider: Watkins, Elizabeth K, MD

Authorized by: Watkins, Elizabeth K, MD

Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)

Frequency: now 03/29/21 1144 - 1 occurrence

Order comments: Of effected extremity.

Cold Pack [210194064]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147

Status: Completed

Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode

Communicated by: Chapko, Tammy J, RN

Ordering user: Chapko, Tammy J, RN 03/29/21 1144

Ordering provider: Watkins, Elizabeth K, MD

Authorized by: Watkins, Elizabeth K, MD

Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)

Frequency: now 03/29/21 1144 - 1 occurrence

Order comments: If injury is less than 24 hours old.

Elevate Extremity [210194065]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147

Status: Completed

Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode

Communicated by: Chapko, Tammy J, RN

Ordering user: Chapko, Tammy J, RN 03/29/21 1144

Ordering provider: Watkins, Elizabeth K, MD

Authorized by: Watkins, Elizabeth K, MD

Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)

Frequency: ongoing 03/29/21 1144 - Until Specified

Order comments: When possible.

ibuprofen (MOTRIN) 176 mg suspension [210194066]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147

Status: Completed

Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode

Communicated by: Chapko, Tammy J, RN

Ordering user: Chapko, Tammy J, RN 03/29/21 1144

Ordering provider: Watkins, Elizabeth K, MD

Authorized by: Watkins, Elizabeth K, MD

Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)

Frequency: Once 03/29/21 1145 - 1 occurrence

Package: 45802-952-43

Medication Dose: 10 mg/kg x 17.5 kg

FINGER(S) MIN 2V [210194070]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1148

Status: Completed

Ordering user: Watkins, Elizabeth K, MD 03/29/21 1148

Ordering provider: Watkins, Elizabeth K, MD

Authorized by: Watkins, Elizabeth K, MD

Ordering mode: Standard

Frequency: Imaging Once 03/29/21 1149 - 1 occurrence

Questionnaire

Question	Answer
Reason for Study:	finger injury L thumb
Left/Right?	left
On oxygen?	No
IV?	No

Order comments: Supervising Provider.

Thumb Spica Splint Application Left [210194072]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1211

Status: Completed

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Page 15

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

All Orders (continued)

Thumb Spica Splint Application Left [210194072] (continued)

Ordering user: Watkins, Elizabeth K, MD 03/29/21 1211 Ordering provider: Watkins, Elizabeth K, MD
Authorized by: Watkins, Elizabeth K, MD Ordering mode: Standard
Frequency: now 03/29/21 1212 - 1 occurrence

Questionnaire

Question	Answer
Left/Right/Bilateral:	Left

ibuprofen (MOTRIN) 100 mg/5 mL suspension [210194074]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1219 Status: Active
Ordering user: Watkins, Elizabeth K, MD 03/29/21 1219 Ordering provider: Watkins, Elizabeth K, MD
Authorized by: Watkins, Elizabeth K, MD Ordering mode: Standard
PRN reasons: mild pain
Frequency: every 6 hours prn 03/29/21 - Until Discontinued Medication Dose: 10 mg/kg x 17.5 kg (Dosing Weight)

Splint Application [210194075]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1220 Status: Completed
Ordering user: Watkins, Elizabeth K, MD 03/29/21 1220 Ordering provider: Watkins, Elizabeth K, MD
Authorized by: Watkins, Elizabeth K, MD Ordering mode: Standard
Frequency: Once 03/29/21 1221 - 1 occurrence
Order comments: This order was created via procedure documentation

Clinical Lab Results

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Lab, Radiology, ECG/EMG, and Cardiac Results

FINGER(S) MIN 2V [210194071] Resulted: 03/29/21 1150, Result status: In process
Resulted by: Tuburan, Smyrna, MD Performed: 03/29/21 1150 - 03/29/21 1207
Accession number: 6545024

FINGER(S) MIN 2V [210194071] Resulted: 03/29/21 1212, Result status: In process
Resulted by: Tuburan, Smyrna, MD Performed: 03/29/21 1150 - 03/29/21 1207
Accession number: 6545024

FINGER(S) MIN 2V [210194071] Resulted: 03/29/21 1217, Result status: Final result
Resulted by: Tuburan, Smyrna, MD Performed: 03/29/21 1150 - 03/29/21 1207
Accession number: 6545024 Resulting lab: INBOUND IBEX LAB RAD QUESTIONS

Narrative:

EXAMINATION: FINGER(S) MIN 2V

INDICATION: finger injury left thumb

PROCEDURE: PA view of the left hand and two views of the left thumb.

COMPARISON: None.

FINDINGS: Displaced fracture of the distal aspect of the proximal phalanx of the thumb is present. There is approximately 45 degrees of dorsal angulation of the distal fracture fragment. Vertical component lucency is seen of the mid aspect of the proximal phalanx likely fracture continuation. No definite dislocation. Regional soft tissue swelling is present.

Impression:

IMPRESSION: Displaced and angulated fracture of the proximal phalanx of the thumb.

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
1009	IBEX ORDERS	INBOUND IBEX LAB RAD QUESTIONS	Unknown	Unknown	08/05/09 1006 - Present

Pathology Reports

Pathology Results

No results found

Discharge Instructions

AVS

After Visit Summary printed by Watkins, Elizabeth K, MD on 3/29/2021 12:21 PM


Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

AFTER VISIT SUMMARY

Fisher Hovers MRN: 3302624

3/29/2021  Children's
Healthcare of Atlanta

INSTRUCTIONS

Your personalized instructions can be found at the end of this document.



See your updated medication list for details.



Fracture, Thumb, Splinted, KidsHealth (English)



ibuprofen

3479 Holmes St E. W. McDonough, GA 30252
770-565-1855

Today's Visit

Visit was initiated by Elizabeth K. Watkins, MD

Diagnosis

- Caught, crushed, jammed, or pinched between moving objects, initial encounter
- Closed displaced fracture of proximal phalanx of left thumb, initial encounter

- Medications given
ibuprofen (MOTRIN) 100 mg tablet 11:45 AM

Weight
17.5 kg

What's Next

You currently have no upcoming appointments scheduled.

Primary Care Provider

Primary Care Provider
Jaime L Davis, MD

Phone
678-583-9071

Fax
678-583-9319

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Your Medication List



Ibuprofen 100 mg/5 mL suspension
NCHN

Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain

ZYRTEC PO

MYchart Sign-Up

What is MYchart?

MYchart is our free tool that provides quick, convenient online access to your child's medical records using your computer or mobile device. With MYchart, you can:

- Access your child's medical records
- Request appointments
- Request prescription renewals
- Communicate with your child's healthcare team

How do I sign up?

To request an access code or find out more, go to choa.org/MYchart.
For additional assistance, please call 404-785-7844.

COVID-19 for Families

COVID-19 Guidance for Families – adapted from CDC.gov

The best ways to prevent illness are to avoid being exposed through social distancing and to use hand hygiene frequently.

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Older adults and others who have chronic medical conditions (like heart or lung disease or diabetes) may be more likely to have serious complications from COVID-19. Maintaining social distance and using hand hygiene can help to protect everyone.

Take steps to protect yourself:

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing or sneezing.
- If you do not have soap and water, use an alcohol-based gel or foam that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose and mouth with unwashed hands.

Discharge Instructions (continued)

AVS (continued)

Avoid close contact

- Avoid close contact with people who are sick.
- If you must leave home, be sure to follow "Social distancing" by staying at least 6 feet away from others. Also keep up with local, state and federal guidelines on where you are allowed to go during this time.

Take steps to protect others:

Stay home if you are sick

- Stay home if you are sick, except to get medical care. Call your pediatrician's office if you think you have been exposed or may have symptoms of COVID-19 for further guidance on the best way to receive care. Do not go to the emergency department simply to get tested. Please do use the emergency department for true health emergencies.
- Most children can be cared for at home who have symptoms of a COVID-19 infection. You may visit our website www.c-usa.org and click on the COVID-19 hub for information. Within this hub, you may use our COVID-19 Pediatric Assessment tool. This is an online assessment tool that helps parents answer two questions: What should I do if my child has a fever and/or cough? What should I do if my child has been around someone with COVID-19, but my child has no symptoms?
- If you have children who are mildly symptomatic or ill and do not require medical treatment, the recommendation is to remain at home. At this time the recommendation for any individual who is ill or concerned they may have COVID-19 is to remain at home for 10 days from onset of symptoms provided there has been at least 1 day of no fever (without fever-reducing medication) and significantly improving symptoms.
- Urgent concerns require immediate medical attention. Other symptoms that may require medical attention include difficulty breathing; fast breathing even when there is no fever present; continued coughing with in-pulling of chest; inconsolable crying; decreased drinking of fluids with reduced urine output; no tears when crying or a change in behavior that is concerning.
 - If you have concerns regarding your child's symptoms, please call your pediatrician or call the Children's Nurse Advice Line at 404-785-KIDS.
 - If your child develops emergency warning signs, seek medical attention immediately. Emergency warning signs include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.

Cover coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Wash your hands with soap and water for at least 20 seconds right away. If you do not have soap and water, use an alcohol-based gel or foam that contains at least 60% alcohol.

Wear a facemask or cloth face covering

- If you are sick: Wear a facemask when you are in close contact with other people (like in a room or car) and if you must leave your home. Remember to stay home, except to seek medical care.
- Even if you are not sick: Wear a cloth face covering over your nose and mouth in public. This is advised in addition to social distancing, frequent hand hygiene and other methods for preventing the spread of illness. Note that medical masks and N-95 respirators should only be used by health care providers and first responders.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces every day. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water before disinfecting them.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

It is still recommended that you:

- Have an adequate supply of medicine on hand.
- Continue routine medical care such as visits for chronic diseases and recommended vaccines. Doctors offices at Childrens and elsewhere in the community are prepared to care for children at this time.

For more information, you may go to <https://www.cdc.gov/covid19>

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Instructions

It was a pleasure taking care of Fisher in the Urgent Care Clinic today. Please follow up with your primary care provider as discussed, or if there are any questions or concerns.

Hand Program

When your patient has an injury or condition of the hands, arms, wrists or shoulders, early treatment can make all the difference. Our team specializes in diagnosing and treating pediatric hand and upper extremity conditions, including overuse injuries and sprains as well as the following:

- Amputation
- Brachial Plexus Injuries
- Burns
- Congenital hand deformities
- Fingertip crush
- Fractures
- Ganglions (cyst near joint or tendon)
- Nerve injuries
- Sport injuries of the hand and upper extremities
- Tendon lacerations
- Trigger thumb and fingers

Pediatric orthopaedic hand surgeons

- Broner Costas, MD, The Hand and Upper Extremity Center of Georgia, PC
- Bryce Gillespie, MD, The Hand and Upper Extremity Center of Georgia, PC
- Jeffrey Klugman, MD, The Hand and Upper Extremity Center of Georgia, PC
- Gary Lourie, MD, The Hand and Upper Extremity Center of Georgia, PC
- Allan Peljovich, MD, The Hand and Upper Extremity Center of Georgia, PC
- Joshua Ratnoć, MD, The Hand and Upper Extremity Center of Georgia, PC
- Erika Templeton, MD, The Hand and Upper Extremity Center of Georgia, PC

Call 404-255-0226 to make an appointment at any one of the locations listed below.

Locations

The Hand and Upper Extremity Center of Georgia, PC offers clinics in the following locations:

Atlanta	Forsyth	North Fulton	Midtown
5600 Johnson Ferry Rd Suite 1020 Atlanta, GA 30342	2000 Howard Farm Dr Suite 310 Cumming, GA 30041	3400A Old Milton Pkwy Suite 350 Alpharetta, GA 30005	1115 West Peachtree St Suite 1050 Atlanta, GA 30309

Call the Hand Program at 404-785-HAND for more information.

Visit choa.org/hand for details about this program.

Pediatric orthopaedic surgeons participating in the Children's Healthcare of Atlanta Hand Fracture Care Program are fellowship-trained orthopaedic surgeons and active members of the Children's Professional Staff.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Some physicians and affiliated healthcare professionals on the Children's Healthcare of Atlanta team are independent providers and are not our employees.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

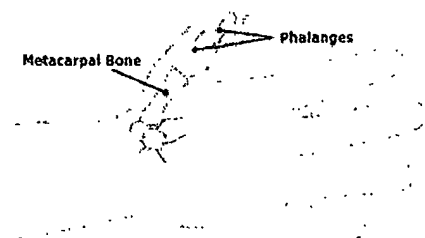
AVS (continued)

Attached Information

Fracture Thumb, Splint and Sling (English)

Broken Thumb and a Splint: How to Care for Your Child

A broken thumb means one or more of the bones of the thumb has a fracture or crack. A splint keeps the broken bone from moving while it heals. Taking good care of the splint or tape and treating pain will help keep your child comfortable while healing.



Fracture Thumb

To decrease swelling:

- Prop up the hand on pillows when your child is sitting down or sleeping.
- If your child was given a sling, use it as directed. Don't use the sling during sleep.
- Remind your child to wiggle the uninjured fingers to keep blood circulating normally.

If your child has pain:

- When your child is awake, put ice in a plastic bag wrapped in a towel on the thumb for 20 minutes every 3 hours for up to 2 days. Don't put ice directly on the skin.
- Use these medicines exactly as directed:
 - acetaminophen (such as Tylenol® or a store brand) OR
 - ibuprofen (such as Advil®, Motrin®, or a store brand). Don't give to babies under 6 months old.

Daily care for the splint:

- Don't remove or change the position of the splint unless the health care provider said it's OK.
- Check the area around the splint. Make sure the skin isn't scratched, and the thumb and fingers aren't pale, blue, numb or tingling.
- Make sure your child doesn't pick or scratch under the splint.
- Don't put anything in the splint. Make sure your child doesn't put toys, food or other objects into it.
- Keep dirt, sand, lotion and powder away from the splint.
- Keep the splint dry:
 - Put a plastic covering over the splint when your child bathes.
 - If the splint is accidentally splashed, gently blow air onto it from a hair dryer on the cool setting.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Call Your Health Care Provider If

- Pain doesn't improve with medicine.
- Blisters, rashes, or raw spots appear on the skin around the splint.
- A foul smell or drainage comes from the splint.
- Your child gets a fever while the thumb is healing.

Get the ER if

- The splint feels too tight, or your child's thumb is pale, cold, numb, or tingly.
- The splint is cracked, becomes loose, gets wet or falls off.

More to know

Which bone is broken in a thumb fracture? A thumb fracture is a break or crack in one or more of three bones:

- Two of the bones (called phalanges) are in the thumb.
- One bone (called a metacarpal bone) is in the hand. It connects the phalanges to the wrist and helps give the thumb the ability to move around a lot.

How long will it take a broken thumb to heal? Most broken thumbs get better in 4–8 weeks with a splint. Your child will have one or more follow-up visits with a health care provider who specializes in the care of bones. During these follow-ups, the health care provider will check to make sure the thumb is healing well. Sometimes a fracture needs surgery to bring the broken pieces of bone together.

When can my child return to sports? The health care provider will tell you when it's OK for your child to return to sports. Your child may need to wear protective hand gear or taping for sports for a few weeks or possibly longer.



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Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Fisher Hovers

VSA: 3302624

Department: Hudson Bridge Urgent Care

Date of
Visit:
3/29/2021

Diagnostic Studies (lab and radiology)

If laboratory and/or radiographic studies were done during your child's visit to our urgent care center, the results are available to your child's doctor through "AccessCHOA". If your child's doctor cannot access the results through "AccessCHOA", please have them contact the urgent care facility where your child was seen.

Follow-up:

Please notify your child's Primary Care Physician of your visit to the Urgent Care Center. If you do not have a Primary Care Physician and would like one, please call: 404-785-KIDS. For more information on services that are offered at Children's Healthcare of Atlanta please visit www.choa.org.

GA Crisis Line / National Suicide Prevention Line

Crisis Help Phone Line:

The Georgia Crisis Access Line: 800-715-4225

National Suicide Prevention Lifeline:

National Suicide Prevention Lifeline: 800-273-8255

Follow-up: Lab/Radiology Results

When you or your child has had lab work and/or x-ray's that require additional treatment, you will be contacted by our staff.

Labs:

If your child had lab tests done today, you will be contacted if any additional treatment is needed.

- Urine Culture (3 -5 days)
- Wound Culture (3 -5 days)
- Blood Culture (within a week)

If lab results were sent to an Outside Lab, there may be a separate bill.

Radiology Test:

If your child had an x-ray today, it will be reviewed within 24 hours by a radiologist. You will be contacted **ONLY** if a change in treatment is necessary.

There will be a separate bill from the Radiologist.

Care Everywhere ID

CHA-579-793Z

Instructions Reviewed with Verbalization of Understanding

Fisher Hovers (MRN: 3302624) - Printed at 3/29/21 12:21 PM

Page 9 of 12 **Epic**

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

The discharge instructions have been reviewed with the parent/legal guardian assuming responsibility for care of the patient and a printed copy was given to him/her. All questions have been answered and the parent/legal guardian states that he/she will be able to provide the appropriate care. Medication teaching for the discharge medications listed on this form was provided.

The parent/legal guardian was reminded to discard old medications lists and update their records. The parent/legal guardian assuming responsibility for the patient states that he/she has read and understands the medication information and has had an opportunity to ask questions which have been answered to their satisfaction.

Disclaimer

I understand that my child has had acute treatment only and that he/she may be released before all medical problems are known or treated. I will arrange for follow-up care as needed.

____ total number pages of discharge instructions provided to the parent/legal guardian.

Script to Family

"PLEASE LET US KNOW ABOUT YOUR VISIT. YOU MAY RECEIVE A SURVEY FROM US REGARDING YOUR VISIT TO THE EMERGENCY DEPARTMENT/ URGENT CARE CENTER. PLEASE SUBMIT YOUR RESPONSE AS YOUR FEEDBACK HELPS US TO IMPROVE OUR SERVICE."

Thanks for Choosing Us to Care for Your Child, visit us at www.choa.org/thankyou.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Hudson Bridge Urgent Care
1510 Hudson Bridge Road
Stockbridge GA 30281
Phone: 404-785-5437

Fisher Hovers

MRN: 3302624

Department: Hudson Bridge Urgent Care

Date of
Visit:
3/29/2021

Medication Safety Information

Call the doctor if you have questions about the medicines.

- When you pick up medicines at the drug store:
 - Read each label closely.
 - Be sure to ask if you have any questions about the medicines or how to give it.
- Always read the label each time you give medicine to your child. Make sure you have the right medicine, the right amount and the right strength.
- Do not use a kitchen spoon to measure your child's liquid medicine. Use a medicine syringe or measuring spoon made just for giving liquid medicines to a child. You can get one at your drug store.
- Keep all medicines in their labelled containers. Store them in a locked cupboard that your child can not reach.
- Throw away all medicines once they expire. The date is on the container. Also, throw away all medicines once your child finishes the dose the doctor prescribes.
- Keep a current list of your child's medicines. Share the list with his doctors.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

School Excuse



Certificate to Return to School/Day Care/Work
(Certificado para regresar a la Escuela/Guardería Infantil/Trabajo)

03/29/21
12:21 PM

Fisher Hovers has had a medical visit today in a Children's Urgent Care Center.
Please take this into consideration when reviewing their absence.

Physician or Nurse's Signature

Patient-Level E-Signatures:

No documentation.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

Encounter-Level E-Signatures:

No documentation.

Hospital Account-Level E-Signatures:

No documentation.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Patient Demographics

Name	Patient ID	Legal Sex	Birth Date
Hovers, Fisher	3302624	Male	08/31/17 (3 yrs)
Address	Phone	Email	
166 Aubree Way MCDONOUGH GA 30252	404-621-7070 (H) 404-621-7070 (M)	—	
Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Davis, Jaime L. MD678-583-9071	03/29/21	04/28/21

Hovers, Fisher #3302624 (Acct: 607367422) (3y M) (Adm: 04/02/21)	EG PostOp-EG POSTOP POOL ROOM-NONE
--	------------------------------------

Admission Information

Admission Information

Current Information			
Attending Provider	Admitting Provider	Admission Type	Admission Status
Chan, Gilbert, MD 404-321-9900	Chan, Gilbert, MD 404-321-9900	Elective	Confirmed Discharge
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
04/02/21 06:35 AM	04/02/21 11:43 AM	Surgery	Incomplete
Hospital Area	Unit	Room/Bed	Referring Provider
CHILDREN'S HEALTHCARE OF ATLANTA AT EGLESTON	ZOPT-EG POSTOP	EG POSTOP POOL ROOM/NONE	Chan, Gilbert, MD 404-321-9900
Procedure			
CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE 26727 VS 26735			
Diagnosis			
Closed displaced fracture of proximal phalanx of left thumb, initial encounter			
Discharge Disposition	Discharge Destination		
Home	Home		

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
04/02/2021 1143	Home	Home	Chan, Gilbert, MD	EG PostOp

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S62.512A [Principal]	Displaced fracture of proximal phalanx of left thumb, initial encounter for closed fracture				

Events

Admission at 4/2/2021 0635

Unit: EG OR Room: EG OR POOL RM Bed: EG OR POOL RM
Patient class: Ambulatory Surgery Service: Surgery

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

Events (continued)

Transfer Out at 4/2/2021 0708

Unit: EG OR	Room: EG OR POOL RM	Bed: EG OR POOL RM
Patient class: Ambulatory Surgery	Service: Surgery	

Transfer In at 4/2/2021 0708

Unit: EG PreOp	Room: EG PREOP POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Transfer Out at 4/2/2021 0913

Unit: EG PreOp	Room: EG PREOP POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Transfer In at 4/2/2021 0913

Unit: EG IntraOp	Room: EG INTRAOP POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Surgery at 4/2/2021 0913

Unit: EG OR MAIN-OPTIMELOC	Room: OPT-MN-EG-OR09
Patient class: Ambulatory Surgery	Service: Orthopaedic

Transfer Out at 4/2/2021 0955

Unit: EG IntraOp	Room: EG INTRAOP POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Transfer In at 4/2/2021 0955

Unit: EG PACU	Room: EG PACU POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Transfer Out at 4/2/2021 1037

Unit: EG PACU	Room: EG PACU POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Transfer In at 4/2/2021 1037

Unit: EG PostOp	Room: EG POSTOP POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Discharge at 4/2/2021 1143

Unit: EG PostOp	Room: EG POSTOP POOL ROOM	Bed: NONE
Patient class: Ambulatory Surgery	Service: Surgery	

Allergy Information

No Known Allergies

Problem List

None

Never Reviewed

History

Family as of 4/2/2021

None

Family Status as of 4/2/2021

None

All Meds and Administrations

midazolam (VERSED) 6 mg oral syrup [210194077]

Ordering Provider: Huddleston, Amber, NP

Status: Completed (Past End Date/Time)

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

All Meds and Administrations (continued)

Ordered On: 04/02/21 0727 Starts/Ends: 04/02/21 0728 - 04/02/21 0728
Dose (Remaining/Total): 6 mg (0/1) Route: Oral
Frequency: ON CALL TO OR Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
04/02/21 0728	Given	6 mg	Oral	Performed by: Maenner, Heidi, RN

lactated ringers IV solution [210194085]

Ordering Provider: Brosius, Keith K, MD Status: Discontinued (Past End Date/Time), Reason: Patient Discharged
Ordered On: 04/02/21 0958 Starts/Ends: 04/02/21 0959 - 04/02/21 1344
Dose (Remaining/Total): — (—/—) Route: IV
Frequency: CONTINUOUS Rate/Duration: 100 mL/hr / —
Admin Instructions: Continue infusion to a total volume of 300 ml including intra-op fluids already given

Line	Med Link Info	Comment
PIV: 04/02/21 0919 Right Hand	04/02/21 0956 by Gibbs, Michael S, RN	—

Timestamps	Action	Rate	Route	Other Information
04/02/21 0956	Continued on Transfer	100 mL/hr	IV	Performed by: Gibbs, Michael S, RN Comments: Continued from OR,

fentaNYL (SUBLIMAZE) 5 mcg injection solution [210194091]

Ordering Provider: Brosius, Keith K, MD Status: Discontinued (Past End Date/Time), Reason: Patient Discharged
Ordered On: 04/02/21 0958 Starts/Ends: 04/02/21 0958 - 04/02/21 1344
Dose (Remaining/Total): 5 mcg (3/3) Route: IV
Frequency: Q5MIN PRN Rate/Duration: — / —
Admin Instructions: *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer
HIGH ALERT MEDICATION
**RN to reassess LOC, RR and Pain Intensity Rating at time of peak effect **

(No admins scheduled or recorded for this medication)

morphine 0.5 mg injection [210194092]

Ordering Provider: Brosius, Keith K, MD Status: Discontinued (Past End Date/Time), Reason: Patient Discharged
Ordered On: 04/02/21 0958 Starts/Ends: 04/02/21 0958 - 04/02/21 1344
Dose (Remaining/Total): 0.5 mg (3/3) Route: IV
Frequency: Q5MIN PRN Rate/Duration: — / —
Admin Instructions: *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer.
HIGH ALERT MEDICATION
**RN to reassess LOC, RR and Pain Intensity Rating at time of peak effect **

(No admins scheduled or recorded for this medication)

NS 0.9% irrigation solution [210194099]

Ordering Provider: Chan, Gilbert, MD Status: Discontinued (Past End Date/Time), Reason: Patient Transferred

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

All Meds and Administrations (continued)

Ordered On: 04/02/21 0936

Frequency: PRN

Timestamps	Action	Dose	Route / Site	Other Information
04/02/21 0935	Given	250 mL	Irrigation Incision Site	Performed by: Chan, Gilbert, MD Documented by: Chambers, Lateesha M, RN Comments: prn for procedure

Medications at Start of Encounter

	Disp	Refills	Start	End
cetirizine HCl (ZYRTEC PO) Class: Historical Med Route: Oral				
ibuprofen (MOTRIN) 100 mg/5 mL suspension 354 mL	0		3/29/2021	
Sig - Route: Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain - Oral				
Class: E-Prescribe				

Outpatient Medications at End of Encounter as of 3/31/2021

	Disp	Refills	Start	End
HYDROcodone-acetaminophen (HYCET/LORTAB) 7.5-325 mg/15 mL oral solution (Taking)	70 mL	0	4/2/2021	4/7/2021
Sig - Route: Take 3.5 mL (175 mg) by mouth every 6 hours as needed for moderate pain - Oral				
Class: Print				
Earliest Fill Date: 4/2/2021				
cetirizine HCl (ZYRTEC PO) Class: Historical Med Route: Oral				
ibuprofen (MOTRIN) 100 mg/5 mL suspension 354 mL	0		3/29/2021	
Sig - Route: Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain - Oral				
Class: E-Prescribe				

Hospital Medications as of 3/31/2021

	Dose	Frequency	Start	End
midazolam (VERSED) 6 mg oral syrup (Completed) Route: Oral Cosign for Ordering: Accepted by Brosius, Keith K, MD on 4/2/2021 9:31 AM	6 mg	ON CALL TO OR	4/2/2021	4/2/2021
lactated ringers IV solution (Discontinued) Admin Instructions: Continue infusion to a total volume of 300 mL including intra-op fluids already given. Route: IV Reason for Discontinue: Patient Discharged		CONTINUOUS	4/2/2021	4/2/2021
fentaNYL (SUBLIMAZE) 5 mcg injection solution (Discontinued) Admin Instructions: *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer. **HIGH ALERT MEDICATION** **RN to reassess LOC, RR and Pain Intensity Rating at time of peak effect.** Route: IV Reason for Discontinue: Patient Discharged	5 mcg	Q5MIN PRN	4/2/2021	4/2/2021
morphine 0.5 mg Injection (Discontinued) Admin Instructions: *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer. **HIGH ALERT MEDICATION** **RN to reassess LOC, RR and Pain Intensity Rating at time of peak effect.** Route: IV Reason for Discontinue: Patient Discharged	0.5 mg	Q5MIN PRN	4/2/2021	4/2/2021
NS 0.9% irrigation solution (Discontinued) Reason for Discontinue: Patient Transferred		PRN	4/2/2021	4/2/2021

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

Hospital Medications as of 3/31/2021 (continued)

ED Arrival Information

Patient not seen in ED

ED Disposition

None

Fisher Hovers	
MRN: 3302624	Log ID: 743671

General Information

Date: 4/2/2021	Time: 0850	Status: Posted
Location: EG OR MAIN-OPTIMELOC	Room: EG OR09	Service: Orthopaedic
Patient class: Ambulatory Surgery	Case classification: Elective	

Panel Information

Panel 1

Surgeon	Role	Procedure	Laterality	Anesthesia
Chan, Gilbert, MD	Primary	CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE	Left	General

Intraop/PACU Documentation

Case Tracking Events

Event	Time In
Checked In	0633
Registration Complete	0635
On Floor	
Patient Sent For	
Patient In - Pre-op	0708
OR Holding	
Surgeon Seen	
Patient Ready for OR	0843
Patient In - OR	0913
Anesthesia Start	0913
Position/Prep/Drape	0927
Anesthesia Ready	0925
Incision/Procedure Start	0934
Procedure Complete	0950
Patient Out - OR	0953
Out of Periop Dept w/Anesthesia	
Return to Periop Dept	
Patient In - PACU	0955
Anesthesia Stop	0957
Patient Out - PACU	1029
PACU Transfer Care Complete	1035
Patient In - PACU Holding	
Patient Out - PACU Holding	
Patient In - Postop	1037
FastTrack	
Patient Out - Post-op/Care Complete	1127
Patient In - Postop Holding	

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

Case Tracking Events (continued)

Event	Time In
DC from Perlop	1143

Analgesia/Sedation (From admission, onward)

None

Nursing Notes

No notes of this type exist for this encounter.

Intra-op Documentation

Intra-op Care Plan/Verification

Staff Name	Date	Time	Type
Chambers, Lateesha M, RN	4/2/2021	0959	Intra-Op

Timeout Verification

Chambers, Lateesha M, RN at Fri Apr 2, 2021 0931 EDT

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE with Chan, Gilbert, MD

Timeout Questions

Recipient unique identifier verified: Yes

Staff Present

Surgeons

Chan, Gilbert, MD

Anesthesia Staff

Fernandez, Victoria A, PA

Bohm, Kelsey, PA

Staff

Chambers, Lateesha M, RN

Waide, Chaka, Surg Asst

Barbeyto, Joseph, RT

Dry, Tonia G, PA

Verification History

Staff	Performed	Verified
Chambers, Lateesha M, RN	Fri Apr 2, 2021 0931 EDT	Fri Apr 2, 2021 0933 EDT

Case Tracking Events

Event	Time In
Checked In	0633
Registration Complete	0635
On Floor	
Patient Sent For	
Patient In - Pre-op	0708
OR Holding	
Surgeon Seen	
Patient Ready for OR	0843
Patient In - OR	0913
Anesthesia Start	0913

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

Case Tracking Events (continued)

Event	Time In
Position/Prep/Drape	0927
Anesthesia Ready	0925
Incision/Procedure Start	0934
Procedure Complete	0950
Patient Out - OR	0953
Out of Periop Dept w/Anesthesia	
Return to Periop Dept	
Patient In - PACU	0955
Anesthesia Stop	0957
Patient Out - PACU	1029
PACU Transfer Care Complete	1035
Patient In - PACU Holding	
Patient Out - PACU Holding	
Patient In - Postop	1037
FastTrack	
Patient Out - Post-op/Care Complete	1127
Patient In - Postop Holding	
DC from Perlop	1143

Diagnosis Information

Diagnoses
Closed displaced fracture of proximal phalanx of left thumb, initial encounter

Anesthesia Staff

Name	Type	Time Period
Brosius, Keith K. MD	Anesthesiologist	
Fernandez, Victoria A. PA	Anesthetist	
Bohm, Kelsey, PA	Anesthetist	

Staff

Name	Type	Time Period
Chambers, Lateesha M. RN	Circulator	4/2/2021 0913
Waide, Chaka, Surg Asst	Scrub	4/2/2021 0913
Barbeyto, Joseph, RT	Radiology Technologist	
Langford, Wilbert Jr.	Cast Tech	4/2/2021 0913
Dry, Tonia G. PA	Physician Assistant	4/2/2021 0913

Visitors

None

Additional Personnel

None

No data filed

Implants

Implant Details

Inventory item: 5399KWIRE SMOOTH .035MM90717

Inventory location: 21007EG OR MAIN-OPTIMELOC21007

Model/Cat. no: 1600-935X

Manufacturer name: MICROAIRE SURGICAL INSTRUMENTS

SMDA?: No

Implant name: KWIRE SMOOTH .035MM - LOG743671

Usage Details

Action: Implanted

Site: Thumb

CHOA**CONFIDENTIAL MEDICAL RECORD COPY**

Page 37

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Admission Information (continued)

Implants (continued)

Number used: 1 Laterality: Left

Implanted date: 4/2/21

Tissue

Is this Implant a Tissue?: No

Reception of the Tissue

Preparation

Tissue Description

Frozen Tissue Only

Comment.

Case Tracking Events

Event	Time In
Patient In - PACU	0955
Patient Out - PACU	1029
PACU Transfer Care Complete	1035
Patient In - PACU Holding	
Patient Out - PACU Holding	
Patient In - Postop	1037
FastTrack	
Patient Out - Post-op/Care Complete	1127
Patient In - Postop Holding	
DC from Periop	1143

Nursing Comments

None

Timeout Verification

Chambers, Lateesha M, RN at Fri Apr 2, 2021 0931 EDT

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE with Chan, Gilbert, MD

Timeout Questions

Recipient unique identifier verified: Yes

Staff Present

Surgeons

Chan, Gilbert, MD

Anesthesia Staff

Fernandez, Victoria A, PA

Bohm, Kelsey, PA

Staff

Chambers, Lateesha M, RN

Waide, Chaka, Surg Asst

Barbeyto, Joseph, RT

Dry, Tonia G, PA

Verification History

Staff	Performed	Verified
Chambers, Lateesha M, RN	Fri Apr 2, 2021 0931 EDT	Fri Apr 2, 2021 0933 EDT

Anesthesia Encounters

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounters (continued)

Anesthesia Encounter - Episode ID 24205073

Clinical Complications

None

Anesthesia Record: Hovers, Fisher
[4183891] Male 04/02/21
OPT-MN-EG-OR09 / EG OR MAIN-
OPTIMELOC

Procedure: CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE
(Left Thumb)
Responsible Provider: Brosius, Keith K, MD
Surgeons: Chan, Gilbert, MD
Anesthesia Type: general
Age: 3y
Height: 103 cm
Weight: 17.3 kg
BMI: 16.31
ASA Status: 1

Airway Details

Airway

Number of Other Approaches Attempted: 1

Medications

propofol (DIPRIVAN) BOLUS (mg) Total dose: 30 mg

Date/Time	Rate/Dose/Volume	Action
04/02/21 0920	30 mg	Given

fentanyl (SUBLIMAZE) BOLUS (mcg) Total dose: 25 mcg

Date/Time	Rate/Dose/Volume	Action
04/02/21 0920	15 mcg	Given
0943	5 mcg	Given
0948	5 mcg	Given

ondansetron (ZOFTRAN) BOLUS (mg) Total dose: 3 mg

Date/Time	Rate/Dose/Volume	Action
04/02/21 0942	3 mg	Given

ceFAZolin (ANCEF) (mg) Total dose: 550 mg

Date/Time	Rate/Dose/Volume	Action
04/02/21 0925	550 mg	Given

ketorolac (TORADOL) BOLUS (mg) Total dose: 9 mg

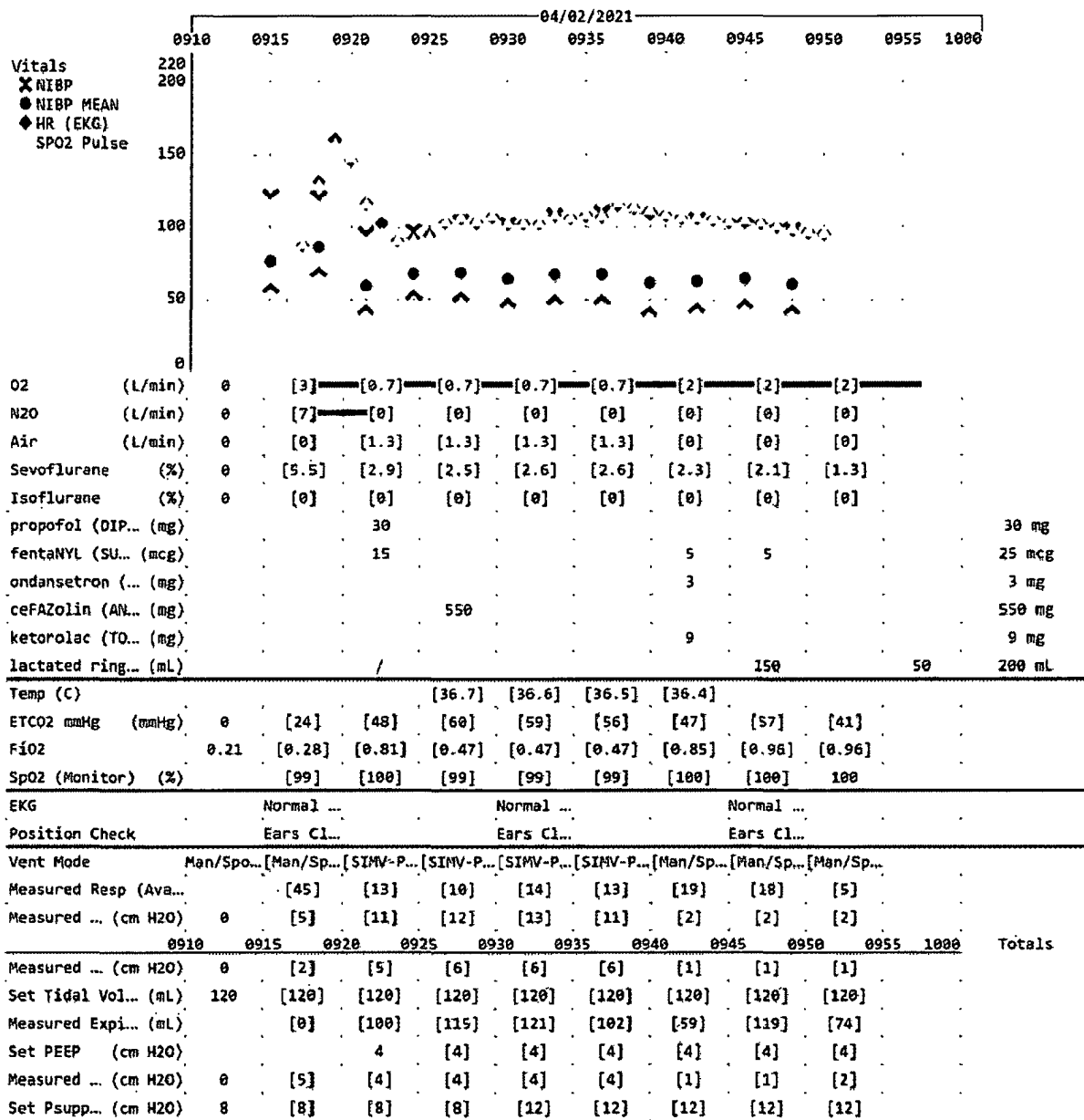
Date/Time	Rate/Dose/Volume	Action
04/02/21 0942	9 mg	Given

lactated ringers IV (mL) Total volume: 200 mL

Date/Time	Rate/Dose/Volume	Action
04/02/21 0920		New Bag
0945	150 mL	Anesthesia Volume
0956	50 mL	Adjustment

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)



Blood Products

None

Preprocedure Note

Last edited 04/02/21 0928 by Brosius, Keith K, MD
Date of Service 04/02/21 0717
Status: Addendum

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)

Preprocedure Note (continued)

History of Present Illness:

Fisher Hovers is a 3y old male who presents with Closed displaced fracture of proximal phalanx of left thumb, initial encounter to the OR for the following procedure

Fisher Hovers has No Known Allergies.

Procedure Information:

Case: 743671 Date/Time: 04/02/21 0850

Procedure: CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE

Anesthesia type: General

Diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Pre-op diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Location: OPT-MN-EG-OR09 / EG OR MAIN-OPTIMELOC

Surgeons: Chan, Gilbert, MD

Vitals:

NIBP (3-4 yr): 98/69 (4/2/2021 7:09 AM)

Heart Rate (1-4 yr): 106 (4/2/2021 7:09 AM)

Temperature: 36.1 °C (4/2/2021 7:09 AM)

Respiratory Rate (1-4 yr): 26 (4/2/2021 7:09 AM)

Pulse Ox: 98 % (4/2/2021 7:09 AM)

Weight (Recorded): 17.3 kg (4/2/2021 7:09 AM)

Weight (Dosing): 17.3 kg (Filed from first-documented Weight (Recorded).) (4/2/2021 7:09 AM)

Medications

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
• cetirizine HCl (ZYRTEC PO)				4/1/2021 at Unknown time
• ibuprofen (MOTRIN) 100 mg/5 mL suspension	Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain	354 mL	0	Unknown at Unknown time

No current facility-administered medications for this encounter.

Imaging, Labs, and Procedures of Note

Anesthesia ROS, Physical Exam, and Plan

Anesthesia ROS/Med Hx

Review of systems negative for cardiovascular, respiratory, neurologic, HEENT, GI, renal, and endocrine systems except as noted below.

CHOA**CONFIDENTIAL MEDICAL RECORD COPY**

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)

Preprocedure Note (continued)

Motrin last on 3/29/20. No tylenol.

Anesthesia History: Patient has not had previous anesthetics.

Source of anesthesia information: family and records. Family history of no anesthetic complications. Patient is NPO compliant (solids/clears 2130).

Perinatal: He had no significant birth history.

Cardiovascular: Patient has no innocent murmur.

Respiratory: The patient does not snore. The patient had a recent URI (mild congestion and clear runny nose with allergies) with rhinorrhea and dry cough. He has no reactive airway disease.

HEENT: He has no dental caries. Patient has allergic rhinitis (zyrtec. Not given yesterday or today).

Neurological: He does not have seizures.

Musculoskeletal: Patient has bone trauma (left thumb fracture).

Integumentary: no history of common skin conditions

Gastrointestinal: no history of common GI conditions no history of common liver diseases

Genitourinary: no renal insufficiency

Physical Exam:

Cardiovascular: The patient has a normal heart rate with regular rhythm. No murmur heard.

Pulmonary: Patient's breath sounds clear to auscultation bilaterally.

Neurological: Patient level of consciousness is alert.

Airway: Mouth opening: normal. Respiratory support is not present. Patient has normal neck range of motion

Dental: Dentition is normal.

Additional findings: Likes his blanket

Anesthesia Plan:

ASA: 1 The following preop plan was discussed: midazolam

Anesthetic induction plan: inhalational.

Anesthetic maintenance plan: general.

Previous anesthetic records, NPO status, allergies, relevant Hx, labs and imaging results reviewed.

Monitoring plan: routine.

Postop recovery location: PACU.

Postop pain control plan: routine per anesthesia.

Discussed plan with: attending anesthesiologist

Anesthetic plan and risks discussed with: parent.

Comments: Does not take liquid medication well. Gags and vomits

Revision History

	Date/Time	User	Provider Type	Action
>	4/2/2021 9:28 AM	Brosius, Keith K, MD	Anesthesiologist	Addend
	4/2/2021 8:02 AM	Brosius, Keith K, MD	Anesthesiologist	Addend
	4/2/2021 7:26 AM	Huddleston, Amber, NP	PA/NP	Addend
	4/2/2021 7:19 AM	Huddleston, Amber, NP	PA/NP	Sign

Intraprocedure I/O Totals

None

Patient:Hovers, Fisher
MRN. 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)

Postprocedure Note

Last edited 04/02/21 1145 by Spoonhour, Erin C, CRNA
Date of Service 04/02/21 1145
Status: Signed

Anesthesia Post-op Note

Fisher Hovers

Procedure Information:

Case: 743671 Anesthesia Start Date/Time: 04/02/21 0913

Procedure: CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE (Left Thumb)

Anesthesia type: general

Diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Pre-op diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Location: OPT-MN-EG-OR09 / EG OR MAIN-OPTIMELOC

Surgeons: Chan, Gilbert, MD

Anesthesia Post Evaluation

Patient location during evaluation: Phase 2

Level of Consciousness: Satisfactory level of consciousness: awake/alert/age-appropriate participation

Post-op Vital Signs: Stable and in patient's normal range

Nausea and Vomiting: Well Controlled

Cardiovascular status: Cardiovascular function stable

Respiratory status: Respiratory function stable, airway patent

Hydration status: Hydration status stable and Taking oral fluids

Post-op Pain: Well Controlled

Anesthetic complications: no anesthesia complication

Disposition: Discharge to home

Responsible Staff

04/02/21

Name	Role	Begin	End
Bohm, Kelsey, PA	ANESTHETIST	0913	0923
Brosius, Keith K, MD	ANESTH	0913	0957

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)

Responsible Staff (continued)

04/02/21

Name	Role	Begin	End
Fernandez, Victoria A, PA	ANESTHETIST	0923	0957

Encounter Notes

Anesthesia Preprocedure Evaluation (1)

4/2/2021 7:17 AM Brosius, Keith K, MD (Anesthesiology)

Anesthesia Postprocedure Evaluation (1)

4/2/2021 11:45 AM Spoonhour, Ern C, CRNA (Anesthesiology)

Anesthesia Procedure Notes (2)

4/2/2021 9:34 AM Airway from Fernandez, Victoria A, PA (Anesthesiology)

4/2/2021 9:33 AM PIV from Fernandez, Victoria A, PA (Anesthesiology)

Events

Date	Time	Event
4/2/2021	0802	Ready for Procedure
	0913	Anesthesia Start The patient name displayed in the header of the electronic record matches the patient for this surgical procedure.
	0913	Scan Patient
	0914	Start Data Collection
	0914	Pre-Induction Assessment
	0917	Induction
	0919	PIV placed
	0922	Intubation/LMA Placed
	0925	End Induction
	0946	Emergence/Transport Based upon assessment, existing PACU/Post-op orders may be released upon Anesthesia Stop.
	0949	Extubation/LMA Removed
	0951	Stop Data Collection
	0955	Anesthesia Handoff Anesthesia provider has started the handoff to the receiving caregiver.
	0957	Anesthesia Stop

Additional Documentation

Lines, Drains, and Airways

Type	Details	Placement	Removal
Peripheral IV	Placement Date: 04/02/21; Placement Time: 0919 (created via procedure documentation); Date/Time Indicates: Insertion, Site Location: Right, Hand, PIV Catheter Size: 22g; Patient Prep Used: See Anesthesia Record; Site Prep Used: Chlorhexidine; Inserted By: Anesthesiologist; Removal Date 04/02/21; Removal Time: 1127	04/02/21 0919 by Fernandez, Victoria A, PA	04/02/21 1127 by Maenner, Heidi, RN
LMA	Placement Date: 04/02/21; Placement Time: 0922 (created via procedure documentation); Date/Time Indicates: Insertion, Mask:	04/02/21 0922 by Fernandez, Victoria A, PA	04/02/21 0951 by Fernandez, Victoria A, PA

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)

Lines, Drains, and Airways (continued)

Type	Details	Placement	Removal
	1 - easy vent by mask, LMA Size: 2.5; ETT Confirmation: Bilateral and Equal Breath Sounds, Bilateral and Equal Chest Rise, End Tidal CO2, Condensation; Inserted By: Anesthetist; Number of Attempts: 1; Inserted in Dept: Operating Room; Removal Date: 04/02/21; Removal Time: 0951		
Procedure Site:	Right; Hand; 04/02/21; 0940; Telfa, Felt, Webril, Gauze, Cast Fiberglass; 04/02/21; 1244	04/02/21 0940 by Chambers, Lateesha M, RN	04/02/21 1244 by Autouser, Cancelorder
Procedure Site:	Right; Arm; 04/02/21; 0940; Cast Fiberglass; 04/02/21; 1244	04/02/21 0940 by Chambers, Lateesha M, RN	04/02/21 1244 by Autouser, Cancelorder

Attestation Information

Staff Name	Date	Time	Type
Brosius, Keith K, MD	04/02/21	0917	Induction
Chambers, Lateesha M, RN	04/02/21	0931	Time Out
Brosius, Keith K, MD	04/02/21	0946	Emergence/Transport
Brosius, Keith K, MD	04/02/21	0958	Availability Entire Case
Chambers, Lateesha M, RN	04/02/21	0959	Intra-Op

Allergies

No Known Allergies

Current as of 04/02/21 0802

Preprocedure Vitals

BP: 98/69
Resp: 26
Temp: 36.1 °C
Height: 103 cm (04/02/21)
BMI: 16.31
Last edited 04/02/21 0709 by NA

Pulse: 106
SpO2: 98
Weight: 17.3 kg (04/02/21)
IBW:

Current as of 04/02/21 0802

KWIRE SMOOTH .035MM - LOG743671 - 380354

Date & Time	Field	Old Value	New Value	User
4/2/2021 9:37 AM EDT	IMPLANT NAME		PRE-ALLOCATED - 380354	Chambers, Lateesha M, RN
		PRE-ALLOCATED - 380354	KWIRE SMOOTH .035MM - LOG743671	
4/2/2021 9:37 AM EDT	INVENTORY ITEM		KWIRE SMOOTH .035MM	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SUPPLY TYPE		Implant	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MANUFACTURER		MICROAIRE SURGICAL INSTRUMENTS	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MANUFACTURER NUMBER		1600-935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SUPPLIER CATALOG NUMBER		1600935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	INVENTORY LOCATION		EG OR MAIN- OPTIMELOC	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGEABLE?		Yes	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	COST PER UNIT		2.58	Chambers, Lateesha M, RN

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Anesthesia Encounter - Episode ID 24205073 (continued)

KWIRE SMOOTH .035MM - LOG743671 - 380354 (continued)

Date & Time	Field	Old Value	New Value	User
4/2/2021 9:37 AM EDT	CHARGE PER UNIT		23.73213	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGE CODE (EAP LINK)		HCHG CHARGE - FIXATION - INTERNAL AND EXTERNAL	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MODEL NUMBER		1600-935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	IMPLANTED BY		Chan, Gilbert, MD	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	STATUS OT		Implanted	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	STATUS		Implanted	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	DATE IMPLANTED		4/2/2021	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	IMPLANT LOG NUMBER		Log 743671	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	PATIENT ID		HOVERS, FISHER	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	LATERALITY OF IMPLANTATION		Left	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	NUMBER IMPLANTED		1	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CONTACT LOG		Log 743671	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SURGERY CSN		49284281	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	LINKED TO UNFINISHED LOG?		Yes	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	TISSUE?		No	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	SMDA?		No	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	AREA OF IMPLANTATION		Thumb	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	IS TEMPORARY RECORD?		No	Chambers, Lateesha M, RN
4/2/2021 2:31 PM EDT	LINKED TO UNFINISHED LOG?	Yes	No	Flack, Bonnie L, RN

Patient Flowsheet Data

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded)

Post-op Phone Questionnaire - Thu April 01, 2021

Row Name	0738
Preferred Name	Fisher
	-LA at 04/01/21 0738

Pre-op Instructions - Thu April 01, 2021

Row Name	0738	0900
Contacted	404-621-7070	times to mom
parent/guardian,	-LA at 04/01/21 0738	4046217070
spoke to:		-TP at 04/01/21 0910
NPO time given:	—	mn
Solids/Milk Formula		-TP at 04/01/21 0910
NPO time given:	—	0630
Clears		-TP at 04/01/21 0910
Arrival time given:	—	0630
		-TP at 04/01/21 0910
Bath instructions	—	Yes
given:		-TP at 04/01/21 0910

Pre-Anesthesia Form Status - Thu April 01, 2021

Row Name	0738
Pre-Anesthesia	Yes
Form Received	-LA at 04/01/21 0738
Complete	Yes
	-LA at 04/01/21 0738

Pre-op Questionnaire - Thu April 01, 2021

Row Name	0738
Exposures/MRO	No
	-LA at 04/01/21 0738
3. Has the child or	No
close contact of the	-LA at 04/01/21 0738
child traveled	
outside the United	
States in the past	
21 days?	
Previous	No
Surgery/Procedure	-LA at 04/01/21 0738
Requiring	
Anesthesia	
Malignant	No
Hyperthermia Risk	-LA at 04/01/21 0738
Current Illness	No
	-LA at 04/01/21 0738
Informant	current H&P dated
Name/Relationship	03/29/2021
to Patient	-LA at 04/01/21 0738
Preferred Name	Fisher
	-LA at 04/01/21 0738
Name of Legal	Gena Hover, mom
Guardian(s)	-LA at 04/01/21 0738

Ht/Wt - Fri April 02, 2021

Row Name	0700
Weight	17.3 kg
	-NA at 04/02/21 0714
Weight (Dosing)	17.3 kg Filed from
	first-documented Weight
	(Recorded)
	-NA at 04/02/21 0714
Height	103 cm

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

Ht/Wt - Fri April 02, 2021 (continued)

Row Name	0709				
	-NA at 04/02/21 0714				
Weight (Actual) *To 3 Decimals*	17.3 kg				
	-NA at 04/02/21 0714				
Weight (Dosing) *To 3 Decimals*	17.3 kg				
	-NA at 04/02/21 0714				

Intake Questionnaire - Fri April 02, 2021

Row Name	0709				
Weight	17.3 kg				
	-NA at 04/02/21 0714				
Kcal/kg/d	0				
	-NA at 04/02/21 0714				
ml/kg/d	0				
	-NA at 04/02/21 0714				

PACU Assessment - Fri April 02, 2021

Row Name	0708	0709	0913	0922	0953
Temp	—	36.1 °C -NA at 04/02/21 0714	—	—	—
Temp src	—	Temporal -NA at 04/02/21 0714	—	—	—
Pulse	—	106 -NA at 04/02/21 0714	—	—	—
Resp	—	26 -NA at 04/02/21 0714	—	—	—
BP	—	98/69 -NA at 04/02/21 0714	—	—	—
MAP	—	73 -NA at 04/02/21 0714	—	—	—
SpO2	—	98 % -NA at 04/02/21 0714	—	—	—
Oxygen Mode	—	—	Room Air -LC at 04/02/21 0922	—	Simple Mask -LC at 04/02/21 0953
SKIN WDL	—	—	—	Yes -LC at 04/02/21 0922	—
ID Band	Right Upper Extremity -NA at 04/02/21 0709	—	—	—	—
Allergy Band	Not Applicable -NA at 04/02/21 0709	—	—	—	—
Latex Allergy Band	Not Applicable -NA at 04/02/21 0709	—	—	—	—

Row Name	0956	1006	1011	1014	1016
Temp	36.2 °C -MG at 04/02/21 0957	—	—	—	—
Temp src	Temporal -MG at 04/02/21 0957	—	—	—	—
Pulse	90 -MG at 04/02/21 0958	90 -MG at 04/02/21 1007	102 -MG at 04/02/21 1013	—	100 -MG at 04/02/21 1019
Resp	20 -MG at 04/02/21 0958	20 -MG at 04/02/21 1007	20 -MG at 04/02/21 1013	—	22 -MG at 04/02/21 1019
BP	(I) 102/49 -MG at 04/02/21 0958	(I) 101/52 -MG at 04/02/21 1007	—	—	(I) 99/51 -MG at 04/02/21 1019
MAP	65 -MG at 04/02/21 0958	66 -MG at 04/02/21 1007	—	—	64 -MG at 04/02/21 1019
SpO2	98 % -MG at 04/02/21 0958	96 % -MG at 04/02/21 1007	97 % -MG at 04/02/21 1013	—	97 % -MG at 04/02/21 1019
LOC/Movement	Unresponsive -MG at 04/02/21 0958	Unresponsive -MG at 04/02/21 1007	Sleeping (stirs) -MG at 04/02/21 1013	—	Sleeping (stirs); Moves extremities -MG at 04/02/21 1019

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

PACU Assessment - Fri April 02, 2021 (continued)

Row Name	0956	1006	1011	1014	1016
Pain WDL	No (Continue to Monitor Patient) -MG at 04/02/21 0958	No (Continue to Monitor Patient) -MG at 04/02/21 1007	Yes -MG at 04/02/21 1013	—	Yes -MG at 04/02/21 1019
Pain Intensity Rating	(!) Sedated -MG at 04/02/21 0958	(!) Sedated -MG at 04/02/21 1007	Asleep -MG at 04/02/21 1013	—	Asleep -MG at 04/02/21 1019
Artificial Airway	Yes -MG at 04/02/21 1005	—	No -MG at 04/02/21 1013	—	—
Airway Type:	Oral -MG at 04/02/21 1005	—	—	—	—
Assisting Airway	No -MG at 04/02/21 1005	—	—	—	—
Oxygen Mode:	Blow By, Anesthesia Bag -MG at 04/02/21 1005	Room Air -MG at 04/02/21 1007	—	—	—
Oxygen Flow (lpm)	8 lpm -MG at 04/02/21 1005	—	—	—	—
RESPIRATORY WDL	No (Plan of Care Goal) -MG at 04/02/21 1005	No (Plan of Care Goal) -MG at 04/02/21 1007	Yes -MG at 04/02/21 1013	—	—
Respiratory Plan of Care	No artificial airway; No supplemental oxygen, or tolerates weaning; Breath sounds clear and equal -MG at 04/02/21 1005	No artificial airway -MG at 04/02/21 1007	—	—	—
Left Breath Sounds	Clear; Slightly Diminished -MG at 04/02/21 1005	Anterior; Clear -MG at 04/02/21 1007	Clear -MG at 04/02/21 1013	—	—
Right Breath Sounds	Clear; Slightly Diminished -MG at 04/02/21 1005	Anterior; Clear -MG at 04/02/21 1007	Clear -MG at 04/02/21 1013	—	—
Respiratory Effort	Easy; Slightly Shallow -MG at 04/02/21 1005	Easy -MG at 04/02/21 1007	Easy -MG at 04/02/21 1013	—	—
Chest Excursion	Equal -MG at 04/02/21 1005	Equal -MG at 04/02/21 1007	Equal -MG at 04/02/21 1013	—	—
Cough	No Cough -MG at 04/02/21 1005	No Cough -MG at 04/02/21 1007	No Cough -MG at 04/02/21 1013	—	—
PERIPHERAL VASCULAR WDL	No (Continue to Monitor Patient) -MG at 04/02/21 1005	—	—	—	—
Left Upper Extremity Checks	Detailed Assessment Initiated by RN or Physician -MG at 04/02/21 1005	—	—	—	—
LUE Pulse	(!) Unable to Assess -MG at 04/02/21 1005	—	—	—	—
LUE Skin Temp	Warm -MG at 04/02/21 1005	—	—	—	—
LUE Capillary Refill (sec)	2 seconds -MG at 04/02/21 1005	—	—	—	—
LUE Skin Color	Pink -MG at 04/02/21 1005	—	—	—	—
LUE Edema	None -MG at 04/02/21 1005	—	—	—	—
LUE Sensation	Unable to Assess	—	—	—	—

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

PACU Assessment - Fri April 02, 2021 (continued)

Row Name	0956	1006	1011	1014	1016
	-MG at 04/02/21 1005				
LUE	Unable to Assess	—	—	—	—
Numbness/Tingling	-MG at 04/02/21 1005				
Right Upper	RUE Peripheral	—	—	—	—
Extremity Checks	Vascular Documentation Complete -MG at 04/02/21 1005				
RUE Pulse	— -MG at 04/02/21 1005	—	—	—	—
RUE Skin Temp	— -MG at 04/02/21 1005	—	—	—	—
RUE Capillary Refill (sec)	— -MG at 04/02/21 1005	—	—	—	—
RUE Skin Color	— -MG at 04/02/21 1005	—	—	—	—
RUE Edema	— -MG at 04/02/21 1005	—	—	—	—
RUE Sensation	— -MG at 04/02/21 1005	—	—	—	—
RUE	—	—	—	—	—
Numbness/Tingling	-MG at 04/02/21 1005				
Left Lower	LLE Peripheral	—	—	—	—
Extremity Checks	Vascular Documentation Complete -MG at 04/02/21 1005				
Right Lower	RLE Peripheral	—	—	—	—
Extremity Checks	Vascular Documentation Complete -MG at 04/02/21 1005				
Cardiac Monitor	Yes -MG at 04/02/21 1005	—	—	—	—
Normal Sinus Rhythm	Yes -MG at 04/02/21 1005	—	—	—	—
CV WDL	Yes -MG at 04/02/21 1005	—	—	—	—
SKIN WDL	No (Continue to Monitor Patient) -MG at 04/02/21 1005	—	—	—	—
Medication Patch	None -MG at 04/02/21 1005	—	—	—	—
Skin Turgor	Elastic -MG at 04/02/21 1005	—	—	—	—
Edema	None -MG at 04/02/21 1005	—	—	—	—
Skin Color	Pink -MG at 04/02/21 1005	—	—	—	—
Skin Note	Cast to LUE -MG at 04/02/21 1005	—	—	—	—
Activity	Sedated -MG at 04/02/21 1005	—	Sleeping; Sleepy, responsive to speech or touch -MG at 04/02/21 1013	—	—
Event	—	—	—	Parent/Caregiver Communication -MG at 04/02/21 1015	—
Event Note	—	—	—	Pt's mother called and updated on Pt's	—

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

PACU Assessment - Fri April 02, 2021 (continued)

Row Name	0956	1006	1011	1014	1016
				status.	
				-MG at 04/02/21 1015	
Anesthesia/Intraop Medications Reviewed	Yes -MG at 04/02/21 1005	—	—	—	—
ID/Allergy Band(s) in Place/ 2 Identifiers Verified	Yes -MG at 04/02/21 1005	—	—	—	—
ID Band	Right Upper Extremity -MG at 04/02/21 1005	—	—	—	—
Allergy Band	Not Applicable -MG at 04/02/21 1005	—	—	—	—
Latex Allergy Band	Not Applicable -MG at 04/02/21 1005	—	—	—	—
Bed	Stretcher -MG at 04/02/21 1005	—	—	—	—
Patient Position	Supine -MG at 04/02/21 1005	—	—	—	—
Bed Position	10 Degrees -MG at 04/02/21 1005	—	—	—	—
Heating/Cooling	Warm Blankets (note Pt temps) -MG at 04/02/21 1005	—	—	—	—
Additional Equipment	Cardiac/Respiratory monitor; Pulse Ox -MG at 04/02/21 1005	—	—	—	—
MS WDL	No (Continue to Monitor Patient) -MG at 04/02/21 1005	—	—	—	—
Range of Motion / Extremity Position	Limited Range of Motion; Left Arm; Elevated -MG at 04/02/21 1005	—	—	—	—
Muscle Tone	Normal -MG at 04/02/21 1005	—	—	—	—
Devices In Use	Cast 1 -MG at 04/02/21 1005	—	—	—	—
Cast 1 Location	Left Arm -MG at 04/02/21 1005	—	—	—	—
Cast 1 Skin Integrity	Dry and Intact -MG at 04/02/21 1005	—	—	—	—
Cast 1 Fit	Snug -MG at 04/02/21 1005	—	—	—	—
Cast 1 Integrity	Intact -MG at 04/02/21 1005	—	—	—	—
Row Name	1026	1032	1035	1100	1125
Temp	36.5 °C -MG at 04/02/21 1027	36.9 °C -MG at 04/02/21 1035	—	—	37 °C -HM at 04/02/21 1135
Temp src	Temporal -MG at 04/02/21 1027	Temporal -MG at 04/02/21 1035	—	—	Temporal -HM at 04/02/21 1135
Pulse	98 -MG at 04/02/21 1027	90 -MG at 04/02/21 1035	—	—	92 -HM at 04/02/21 1135
Resp	20 -MG at 04/02/21 1027	20 -MG at 04/02/21 1035	—	—	20 -HM at 04/02/21 1135
BP	(!) 92/54 -MG at 04/02/21 1027	(!) 91/48 -MG at 04/02/21 1035	—	—	100/68 -HM at 04/02/21 1137
MAP	65 -MG at 04/02/21 1027	(!) 56 -MG at 04/02/21 1035	—	—	—
SpO2	97 %	98 %	—	—	99 %

Patient: Hovers, Fisher
MRN: 3302624
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Flowsheets (all recorded) (continued)

PACU Assessment - Fri April 02, 2021 (continued)

Row Name	1026	1032	1035	1100	1125
	-MG at 04/02/21 1027	-MG at 04/02/21 1035			-HM at 04/02/21 1137
LOC/Movement	Sleeping (stirs); Moves extremities; Headlift; Opens eyes/responds to voice; Follows commands -MG at 04/02/21 1027	Sleeping (stirs) -MG at 04/02/21 1035	Sleeping (stirs) -HM at 04/02/21 1107	Drowsy; Headlift -HM at 04/02/21 1118	Alert; Opens eyes/responds to voice; Moves extremities; Follows commands -HM at 04/02/21 1137
Pain WDL	Yes -MG at 04/02/21 1027	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Pain Intensity Rating	0 -MG at 04/02/21 1027	—	0 -HM at 04/02/21 1107	0 -HM at 04/02/21 1118	0 -HM at 04/02/21 1137
Pain Scale	FLACC -MG at 04/02/21 1027	—	FLACC -HM at 04/02/21 1107	FLACC -HM at 04/02/21 1118	FACES -HM at 04/02/21 1137
Responds to Stimuli	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Airway Control	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Saturation	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Movement	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Pulse	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Respirations	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
BP-Systolic	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Temperature	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Pain	Met -MG at 04/02/21 1027	—	—	—	Met -HM at 04/02/21 1138
Discharge Criteria Met	—	—	—	—	Met -HM at 04/02/21 1138
REASSESSMENT	Biophysical Assessment of Patient unchanged; Peripheral Vascular assessment unchanged, Except as noted -MG at 04/02/21 1027	—	—	—	—
Oxygen Mode	—	—	—	—	Room Air -HM at 04/02/21 1137
RESPIRATORY WDL	—	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Respiratory Plan of Care	—	—	Breath sounds clear and equal -HM at 04/02/21 1107	—	—
Left Breath Sounds	—	—	Anterior; Clear; Posterior -HM at 04/02/21 1107	—	—
Right Breath Sounds	—	—	Anterior; Posterior; Clear -HM at 04/02/21 1107	—	—
Respiratory Effort	—	—	Easy	—	—

Patient: Hovers, Fisher
MRN: 3302624
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Flowsheets (all recorded) (continued)

PACU Assessment - Fri April 02, 2021 (continued)

Row Name	1026	1032	1035	1100	1125
			-HM at 04/02/21 1107		
Chest Excursion	—	—	Equal -HM at 04/02/21 1107	—	—
Cough	—	—	No Cough -HM at 04/02/21 1107	—	—
PERIPHERAL VASCULAR WDL	—	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Left Upper Extremity Checks	—	—	Detailed Assessment Initiated by RN or Physician -HM at 04/02/21 1107	Detailed Assessment Initiated by RN or Physician -HM at 04/02/21 1118	Detailed Assessment Initiated by RN or Physician -HM at 04/02/21 1137
LUE Pulse	—	—	(I) Unable to Assess -HM at 04/02/21 1107	(I) Unable to Assess -HM at 04/02/21 1118	(I) Unable to Assess -HM at 04/02/21 1137
LUE Skin Temp	—	—	Warm -HM at 04/02/21 1107	Warm -HM at 04/02/21 1118	Warm -HM at 04/02/21 1137
LUE Capillary Refill (sec)	—	—	2 seconds -HM at 04/02/21 1107	2 seconds -HM at 04/02/21 1118	2 seconds -HM at 04/02/21 1137
LUE Skin Color	—	—	Pink -HM at 04/02/21 1118	Pink -HM at 04/02/21 1118	Pink -HM at 04/02/21 1137
LUE Edema	—	—	None -HM at 04/02/21 1107	None -HM at 04/02/21 1118	None -HM at 04/02/21 1137
LUE Sensation	Present -MG at 04/02/21 1027	—	Present -HM at 04/02/21 1107	Present -HM at 04/02/21 1118	Present -HM at 04/02/21 1137
LUE Numbness/Tingling	Absent -MG at 04/02/21 1027	—	Absent -HM at 04/02/21 1107	Absent -HM at 04/02/21 1118	Absent -HM at 04/02/21 1137
LUE Motion	Present -MG at 04/02/21 1027	—	Present -HM at 04/02/21 1107	Present -HM at 04/02/21 1118	Present -HM at 04/02/21 1137
LUE Strength	Normal -MG at 04/02/21 1027	—	Normal -HM at 04/02/21 1107	Normal -HM at 04/02/21 1118	Normal -HM at 04/02/21 1137
LUE Hand Dfxn & PFlxn	Present -MG at 04/02/21 1027	—	Present -HM at 04/02/21 1107	Present -HM at 04/02/21 1118	Present -HM at 04/02/21 1137
Right Upper Extremity Checks	—	—	RUE Peripheral Vascular Documentation Complete -HM at 04/02/21 1107	RUE Peripheral Vascular Documentation Complete -HM at 04/02/21 1118	RUE Peripheral Vascular Documentation Complete -HM at 04/02/21 1137
Left Lower Extremity Checks	—	—	LLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1107	LLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1118	LLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1137
Right Lower Extremity Checks	—	—	RLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1107	RLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1118	RLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1137
SKIN WDL	—	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Medication Patch	—	—	None -HM at 04/02/21 1107	—	—
Skin Turgor	—	—	Elastic -HM at 04/02/21 1107	—	—
Edema	—	—	None -HM at 04/02/21 1107	—	—
Skin Color	—	—	Pink -HM at 04/02/21 1107	—	—
Skin Note	—	—	Cast to LUE -HM at 04/02/21 1107	—	—
NEURO WDL	—	—	Yes	Yes	Yes

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

PACU Assessment - Fri April 02, 2021 (continued)

Row Name	1026	1032	1035	1100	1125
Activity	—	—	Sleepy, responsive to speech or touch -HM at 04/02/21 1107	—	—
Event Note	—	Pt transported to Day Surgery without incident. Upon arrival, care transferred to RN. V/S assessed. Pt's mother at bedside. All questions answered. -MG at 04/02/21 1035	—	—	—
ID Band	—	—	Right Upper Extremity -HM at 04/02/21 1107	—	—
Allergy Band	—	—	Not Applicable -HM at 04/02/21 1107	—	—
Latex Allergy Band	—	—	Not Applicable -HM at 04/02/21 1107	—	—
MS WDL	—	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Range of Motion / Extremity Position	—	—	Limited Range of Motion -HM at 04/02/21 1107	Limited Range of Motion -HM at 04/02/21 1118	Contractures -HM at 04/02/21 1137
Muscle Tone	—	—	Normal -HM at 04/02/21 1107	Normal -HM at 04/02/21 1118	Normal -HM at 04/02/21 1137
Devices In Use	—	—	Cast 1 -HM at 04/02/21 1107	Cast 1 -HM at 04/02/21 1118	Cast 1 -HM at 04/02/21 1137
Cast 1 Location	—	—	Left Arm -HM at 04/02/21 1107	Left Arm -HM at 04/02/21 1118	Left Arm -HM at 04/02/21 1137
Cast 1 Skin Integrity	—	—	Dry and Intact -HM at 04/02/21 1107	Dry and Intact -HM at 04/02/21 1118	Dry and Intact -HM at 04/02/21 1137
Cast 1 Fit	—	—	Snug -HM at 04/02/21 1107	Snug -HM at 04/02/21 1118	Snug -HM at 04/02/21 1137
Cast 1 Integrity	—	—	Intact -HM at 04/02/21 1107	Intact -HM at 04/02/21 1118	Intact -HM at 04/02/21 1137
GI WDL	—	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
GU WDL	—	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137

Postop Assessment - Fri April 02, 2021

Row Name	0708	0709	0913	0922	0953
Temp	—	36.1 °C -NA at 04/02/21 0714	—	—	—
Temp src	—	Temporal -NA at 04/02/21 0714	—	—	—
Pulse	—	108 -NA at 04/02/21 0714	—	—	—
Resp	—	26 -NA at 04/02/21 0714	—	—	—
BP	—	98/69 -NA at 04/02/21 0714	—	—	—
SpO2	—	98 % -NA at 04/02/21 0714	—	—	—
Oxygen Mode	—	—	Room Air -LC at 04/02/21 0922	—	Simple Mask -LC at 04/02/21 0953
ID Band	Right Upper Extremity	—	—	—	—

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

Postop Assessment - Fri April 02, 2021 (continued)

Row Name	0708	0709	0913	0922	0953
Allergy Band	Not Applicable -NA at 04/02/21 0709	—	—	—	—
Latex Allergy Band	Not Applicable -NA at 04/02/21 0709	—	—	—	—
SKIN WDL	—	—	—	Yes -LC at 04/02/21 0922	—
Row Name	0956	1006	1011	1016	1026
Temp	36.2 °C -MG at 04/02/21 0957	—	—	—	36.5 °C -MG at 04/02/21 1027
Temp src	Temporal -MG at 04/02/21 0957	—	—	—	Temporal -MG at 04/02/21 1027
Pulse	90 -MG at 04/02/21 0958	90 -MG at 04/02/21 1007	102 -MG at 04/02/21 1013	100 -MG at 04/02/21 1019	98 -MG at 04/02/21 1027
Resp	20 -MG at 04/02/21 0958	20 -MG at 04/02/21 1007	20 -MG at 04/02/21 1013	22 -MG at 04/02/21 1019	20 -MG at 04/02/21 1027
BP	(!) 102/49 -MG at 04/02/21 0958	(!) 101/52 -MG at 04/02/21 1007	—	(!) 99/51 -MG at 04/02/21 1019	(!) 92/54 -MG at 04/02/21 1027
Cardiac Monitor	Yes -MG at 04/02/21 1005	—	—	—	—
Normal Sinus Rhythm	Yes -MG at 04/02/21 1005	—	—	—	—
CV WDL	Yes -MG at 04/02/21 1005	—	—	—	—
SpO2	98 % -MG at 04/02/21 0958	96 % -MG at 04/02/21 1007	97 % -MG at 04/02/21 1013	97 % -MG at 04/02/21 1019	97 % -MG at 04/02/21 1027
Oxygen Mode	Blow By, Anesthesia Bag -MG at 04/02/21 1005	Room Air -MG at 04/02/21 1007	—	—	—
Oxygen Flow (lpm)	8 lpm -MG at 04/02/21 1005	—	—	—	—
LOC/Movement	Unresponsive -MG at 04/02/21 0958	Unresponsive -MG at 04/02/21 1007	Sleeping (stirs) -MG at 04/02/21 1013	Sleeping (stirs); Moves extremities -MG at 04/02/21 1019	Sleeping (stirs); Moves extremities; Headlift; Opens eyes/ responds to voice; Follows commands -MG at 04/02/21 1027
Pain WDL	No (Continue to Monitor Patient) -MG at 04/02/21 0958	No (Continue to Monitor Patient) -MG at 04/02/21 1007	Yes -MG at 04/02/21 1013	Yes -MG at 04/02/21 1019	Yes -MG at 04/02/21 1027
Pain Scale	—	—	—	—	FLACC -MG at 04/02/21 1027
Pain Intensity Rating	(!) Sedated -MG at 04/02/21 0958	(!) Sedated -MG at 04/02/21 1007	Asleep -MG at 04/02/21 1013	Asleep -MG at 04/02/21 1019	0 -MG at 04/02/21 1027
REASSESSMENT	—	—	—	—	Biophysical Assessment of Patient unchanged; Peripheral Vascular assessment unchanged, Except as noted -MG at 04/02/21 1027
ID Band	Right Upper Extremity -MG at 04/02/21 1005	—	—	—	—
Allergy Band	Not Applicable -MG at 04/02/21 1005	—	—	—	—
Latex Allergy Band	Not Applicable	—	—	—	—

Patient: Hovers, Fisher
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Acct #: 607367422

Flowsheets (all recorded) (continued)

Postop Assessment - Fri April 02, 2021 (continued)

Row Name	0956	1006	1011	1016	1026
SKIN WDL	No (Continue to Monitor Patient) -MG at 04/02/21 1005	---	---	---	---
Medication Patch	None -MG at 04/02/21 1005	---	---	---	---
Skin Turgor	Elastic -MG at 04/02/21 1005	---	---	---	---
Edema	None -MG at 04/02/21 1005	---	---	---	---
Skin Color	Pink -MG at 04/02/21 1005	---	---	---	---
Skin Note	Cast to LUE -MG at 04/02/21 1005	---	---	---	---
RESPIRATORY WDL	No (Plan of Care Goal) -MG at 04/02/21 1005	No (Plan of Care Goal) -MG at 04/02/21 1007	Yes -MG at 04/02/21 1013	---	---
Respiratory Plan of Care	No artificial airway; No supplemental oxygen, or tolerates weaning; Breath sounds clear and equal -MG at 04/02/21 1005	No artificial airway -MG at 04/02/21 1007	---	---	---
Left Breath Sounds	Clear; Slightly Diminished -MG at 04/02/21 1005	Anterior; Clear -MG at 04/02/21 1007	Clear -MG at 04/02/21 1013	---	---
Right Breath Sounds	Clear; Slightly Diminished -MG at 04/02/21 1005	Anterior; Clear -MG at 04/02/21 1007	Clear -MG at 04/02/21 1013	---	---
Respiratory Effort	Easy; Slightly Shallow -MG at 04/02/21 1005	Easy -MG at 04/02/21 1007	Easy -MG at 04/02/21 1013	---	---
Chest Excursion	Equal -MG at 04/02/21 1005	Equal -MG at 04/02/21 1007	Equal -MG at 04/02/21 1013	---	---
Cough	No Cough -MG at 04/02/21 1005	No Cough -MG at 04/02/21 1007	No Cough -MG at 04/02/21 1013	---	---
Activity	Sedated -MG at 04/02/21 1005	---	Sleeping; Sleepy, responsive to speech or touch -MG at 04/02/21 1013	---	---
PERIPHERAL VASCULAR WDL	No (Continue to Monitor Patient) -MG at 04/02/21 1005	---	---	---	---
Left Upper Extremity Checks	Detailed Assessment Initiated by RN or Physician -MG at 04/02/21 1005	---	---	---	---
LUE Pulse	(I) Unable to Assess -MG at 04/02/21 1005	---	---	---	---
LUE Skin Temp	Warm -MG at 04/02/21 1005	---	---	---	---
LUE Capillary Refill (sec)	2 seconds -MG at 04/02/21 1005	---	---	---	---
LUE Skin Color	Pink -MG at 04/02/21 1005	---	---	---	---
LUE Edema	None	---	---	---	---

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

Postop Assessment - Fri April 02, 2021 (continued)

Row Name	0956	1006	1011	1016	1026
	-MG at 04/02/21 1005				
LUE Sensation	Unable to Assess	—	—	—	Present
	-MG at 04/02/21 1005				-MG at 04/02/21 1027
LUE Numbness/Tingling	Unable to Assess	—	—	—	Absent
	-MG at 04/02/21 1005				-MG at 04/02/21 1027
LUE Motion	—	—	—	—	Present
					-MG at 04/02/21 1027
LUE Strength	—	—	—	—	Normal
					-MG at 04/02/21 1027
LUE Hand Dfxn & PFlxn	—	—	—	—	Present
					-MG at 04/02/21 1027
Right Upper Extremity Checks	RUE Peripheral Vascular Documentation Complete	—	—	—	—
	-MG at 04/02/21 1005				
RUE Pulse	—	—	—	—	—
	-MG at 04/02/21 1005				
RUE Skin Temp	—	—	—	—	—
	-MG at 04/02/21 1005				
RUE Capillary Refill (sec)	—	—	—	—	—
	-MG at 04/02/21 1005				
RUE Skin Color	—	—	—	—	—
	-MG at 04/02/21 1005				
RUE Edema	—	—	—	—	—
	-MG at 04/02/21 1005				
RUE Sensation	—	—	—	—	—
	-MG at 04/02/21 1005				
RUE Numbness/Tingling	—	—	—	—	—
	-MG at 04/02/21 1005				
Left Lower Extremity Checks	LLE Peripheral Vascular Documentation Complete	—	—	—	—
	-MG at 04/02/21 1005				
Right Lower Extremity Checks	RLE Peripheral Vascular Documentation Complete	—	—	—	—
	-MG at 04/02/21 1005				
MS WDL	No (Continue to Monitor Patient)	—	—	—	—
	-MG at 04/02/21 1005				
Range of Motion / Extremity Position	Limited Range of Motion; Left Arm; Elevated	—	—	—	—
	-MG at 04/02/21 1005				
Muscle Tone	Normal	—	—	—	—
	-MG at 04/02/21 1005				
Devices In Use	Cast 1	—	—	—	—
	-MG at 04/02/21 1005				
Cast 1 Location	Left Arm	—	—	—	—
	-MG at 04/02/21 1005				
Cast 1 Skin Integrity	Dry and Intact	—	—	—	—
	-MG at 04/02/21 1005				
Cast 1 Fit	Snug	—	—	—	—
	-MG at 04/02/21 1005				
Cast 1 Integrity	Intact	—	—	—	—
	-MG at 04/02/21 1005				
Heating/Cooling	Warm Blankets	—	—	—	—

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Flowsheets (all recorded) (continued)

Postop Assessment - Fri April 02, 2021 (continued)

Row Name	0956	1006	1011	1016	1026
	(note Pt temps) -MG at 04/02/21 1005				
Bed	Stretcher -MG at 04/02/21 1005	—	—	—	—
Additional Equipment	Cardiac/Respiratory monitor; Pulse Ox -MG at 04/02/21 1005	—	—	—	—
Row Name	1032	1035	1100	1125	
Temp	36.9 °C -MG at 04/02/21 1035	—	—	37 °C -HM at 04/02/21 1135	
Temp src	Temporal -MG at 04/02/21 1035	—	—	Temporal -HM at 04/02/21 1135	
Pulse	90 -MG at 04/02/21 1035	—	—	92 -HM at 04/02/21 1135	
Resp	20 -MG at 04/02/21 1035	—	—	20 -HM at 04/02/21 1135	
BP	(I) 91/48 -MG at 04/02/21 1035	—	—	100/68 -HM at 04/02/21 1137	
SpO2	98 % -MG at 04/02/21 1035	—	—	99 % -HM at 04/02/21 1137	
Oxygen Mode	—	—	—	Room Air -HM at 04/02/21 1137	
LOC/Movement	Sleeping (stirs) -MG at 04/02/21 1035	Sleeping (stirs) -HM at 04/02/21 1107	Drowsy; Headlift -HM at 04/02/21 1118	Alert; Opens eyes/ responds to voice; Moves extremities; Follows commands -HM at 04/02/21 1137	
Pain WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137	
Pain Scale	—	FLACC -HM at 04/02/21 1107	FLACC -HM at 04/02/21 1118	FACES -HM at 04/02/21 1137	
Pain Intensity Rating	—	0 -HM at 04/02/21 1107	0 -HM at 04/02/21 1118	0 -HM at 04/02/21 1137	
Post-op Standard Met	—	Yes -HM at 04/02/21 1107	—	—	
ID Band	—	Right Upper Extremity -HM at 04/02/21 1107	—	—	
Allergy Band	—	Not Applicable -HM at 04/02/21 1107	—	—	
Latex Allergy Band	—	Not Applicable -HM at 04/02/21 1107	—	—	
SKIN WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137	
Medication Patch	—	None -HM at 04/02/21 1107	—	—	
Skin Turgor	—	Elastic -HM at 04/02/21 1107	—	—	
Edema	—	None -HM at 04/02/21 1107	—	—	
Skin Color	—	Pink -HM at 04/02/21 1107	—	—	
Skin Note	—	Cast to LUE -HM at 04/02/21 1107	—	—	
RESPIRATORY WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137	
Respiratory Plan of Care	—	Breath sounds clear and equal -HM at 04/02/21 1107	—	—	

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Flowsheets (all recorded) (continued)

Postop Assessment - Fri April 02, 2021 (continued)

Row Name	1032	1035	1100	1125
Left Breath Sounds	—	Anterior; Clear; Posterior -HM at 04/02/21 1107	—	—
Right Breath Sounds	—	Anterior; Posterior; Clear -HM at 04/02/21 1107	—	—
Respiratory Effort	—	Easy -HM at 04/02/21 1107	—	—
Chest Excursion	—	Equal -HM at 04/02/21 1107	—	—
Cough	—	No Cough -HM at 04/02/21 1107	—	—
NEURO WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Activity	—	Sleepy, responsive to speech or touch -HM at 04/02/21 1107	—	—
PERIPHERAL VASCULAR WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Left Upper Extremity Checks	—	Detailed Assessment Initiated by RN or Physician -HM at 04/02/21 1107	Detailed Assessment Initiated by RN or Physician -HM at 04/02/21 1118	Detailed Assessment Initiated by RN or Physician -HM at 04/02/21 1137
LUE Pulse	—	(!) Unable to Assess -HM at 04/02/21 1107	(!) Unable to Assess -HM at 04/02/21 1118	(!) Unable to Assess -HM at 04/02/21 1137
LUE Skin Temp	—	Warm -HM at 04/02/21 1107	Warm -HM at 04/02/21 1118	Warm -HM at 04/02/21 1137
LUE Capillary Refill (sec)	—	2 seconds -HM at 04/02/21 1107	2 seconds -HM at 04/02/21 1118	2 seconds -HM at 04/02/21 1137
LUE Skin Color	—	Pink -HM at 04/02/21 1118	Pink -HM at 04/02/21 1118	Pink -HM at 04/02/21 1137
LUE Edema	—	None -HM at 04/02/21 1107	None -HM at 04/02/21 1118	None -HM at 04/02/21 1137
LUE Sensation	—	Present -HM at 04/02/21 1107	Present -HM at 04/02/21 1118	Present -HM at 04/02/21 1137
LUE Numbness/Tingling	—	Absent -HM at 04/02/21 1107	Absent -HM at 04/02/21 1118	Absent -HM at 04/02/21 1137
LUE Motion	—	Present -HM at 04/02/21 1107	Present -HM at 04/02/21 1118	Present -HM at 04/02/21 1137
LUE Strength	—	Normal -HM at 04/02/21 1107	Normal -HM at 04/02/21 1118	Normal -HM at 04/02/21 1137
LUE Hand Dfxn & PFlxn	—	Present -HM at 04/02/21 1107	Present -HM at 04/02/21 1118	Present -HM at 04/02/21 1137
Right Upper Extremity Checks	—	RUE Peripheral Vascular Documentation Complete -HM at 04/02/21 1107	RUE Peripheral Vascular Documentation Complete -HM at 04/02/21 1118	RUE Peripheral Vascular Documentation Complete -HM at 04/02/21 1137
Left Lower Extremity Checks	—	LLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1107	LLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1118	LLE Peripheral Vascular Documentation Complete -HM at 04/02/21 1137
Right Lower Extremity Checks	—	RLE Peripheral Vascular Documentation	RLE Peripheral Vascular Documentation	RLE Peripheral Vascular Documentation

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

Postop Assessment - Fri April 02, 2021 (continued)

Row Name	1032	1035	1100	1125
		Complete -HM at 04/02/21 1107	Complete -HM at 04/02/21 1118	Complete -HM at 04/02/21 1137
GI WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
GU WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
MS WDL	—	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Range of Motion / Extremity Position	—	Limited Range of Motion -HM at 04/02/21 1107	Limited Range of Motion -HM at 04/02/21 1118	Contractures -HM at 04/02/21 1137
Muscle Tone	—	Normal -HM at 04/02/21 1107	Normal -HM at 04/02/21 1118	Normal -HM at 04/02/21 1137
Devices In Use	—	Cast 1 -HM at 04/02/21 1107	Cast 1 -HM at 04/02/21 1118	Cast 1 -HM at 04/02/21 1137
Cast 1 Location	—	Left Arm -HM at 04/02/21 1107	Left Arm -HM at 04/02/21 1118	Left Arm -HM at 04/02/21 1137
Cast 1 Skin Integrity	—	Dry and Intact -HM at 04/02/21 1107	Dry and Intact -HM at 04/02/21 1118	Dry and Intact -HM at 04/02/21 1137
Cast 1 Fit	—	Snug -HM at 04/02/21 1107	Snug -HM at 04/02/21 1118	Snug -HM at 04/02/21 1137
Cast 1 Integrity	—	Intact -HM at 04/02/21 1107	Intact -HM at 04/02/21 1118	Intact -HM at 04/02/21 1137

I/O - Fri April 02, 2021

Row Name	0920	0945	0956	1026	1103
Concentration (mg/mL)	10 mg/mL -VF at 04/02/21 0920	—	—	—	—
Dose (mg)	30 mg -VF at 04/02/21 0920	—	—	—	—
Volume Infused (mL)	—	—	50 mL -MG at 04/02/21 1026	—	—
Infusion Site	—	—	[REMOVED] PIV 04/02/21 0919 Right Hand -MG at 04/02/21 1003	—	—
Rate	—	—	100 mL/hr Continued from OR. -MG at 04/02/21 1003	—	—
Volume Infused (mL)	—	—	—	50 mL -MG at 04/02/21 1026	—
PO Volume (mL)	—	—	—	—	30 mL Apple Juice -HM at 04/02/21 1107

Row Name	1116	1130
PO Volume (mL)	30 mL Apple Juice -HM at 04/02/21 1117	100 mL Apple Juice/Popcycles -HM at 04/02/21 1135

Custom Formula Rows Only - Fri April 02, 2021

Row Name	0709	0956	1006	1011	1016
Weight Change Since Admission	0 -NA at 04/02/21 0714	—	—	—	—
Blood Cx Optimal Volume	14 -NA at 04/02/21 0714	—	—	—	—
Appropriate Bottles	if >=6mL obtained, split between 2 Aerobic/Anaerobic bottles -NA at 04/02/21 0714	—	—	—	—
Weight (Dosing)	17.3 kg	—	—	—	—

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

Custom Formula Rows Only - Fri April 02, 2021 (continued)

Row Name	0709	0958	1006	1011	1016
To 3 Decimals	-NA at 04/02/21 0714				
10/KG	173 -NA at 04/02/21 0714				
15/KG	259.5 -NA at 04/02/21 0714				
20/KG	345.99 -NA at 04/02/21 0714				
Weight	17.2997108351760 5035 -NA at 04/02/21 0714				
5/KG	86.5 -NA at 04/02/21 0714				
MAP	79 MMHG -NA at 04/02/21 0714	67 MMHG -MG at 04/02/21 0958	68 MMHG -MG at 04/02/21 1007		67 MMHG -MG at 04/02/21 1019
BSA	0.7 sq meters -NA at 04/02/21 0714				
BMI	16.31 -NA at 04/02/21 0714				
Week's Total	-NA at 04/02/21 0714	-MG at 04/02/21 0958	-MG at 04/02/21 1007	-MG at 04/02/21 1013	-MG at 04/02/21 1019
Weight (Actual) *To 3 Decimals*	17.3 kg -NA at 04/02/21 0714				
Treatment Completed Formula	-NA at 04/02/21 0714	-MG at 04/02/21 0958	-MG at 04/02/21 1007	-MG at 04/02/21 1013	-MG at 04/02/21 1019
Treatment Completed Formula	-NA at 04/02/21 0714	-MG at 04/02/21 0958	-MG at 04/02/21 1007	-MG at 04/02/21 1013	-MG at 04/02/21 1019
Treatment Completed Formula	-NA at 04/02/21 0714	-MG at 04/02/21 0958	-MG at 04/02/21 1007	-MG at 04/02/21 1013	-MG at 04/02/21 1019
Solids - Protein Gm/kg	0 Gm/Kg -NA at 04/02/21 0714				
Metric Temp	36.1 -NA at 04/02/21 0714	36.2 -MG at 04/02/21 0957			
Creatinine	0 -NA at 04/02/21 0714				
GFR Height	103 -NA at 04/02/21 0714				
Dias BP %ile	(I) 98 % -NA at 04/02/21 0714	49 % -MG at 04/02/21 0958	59 % -MG at 04/02/21 1007		56 % -MG at 04/02/21 1019
Sys BP %ile	74 % -NA at 04/02/21 0714	85 % -MG at 04/02/21 0958	83 % -MG at 04/02/21 1007		77 % -MG at 04/02/21 1019
Capillary refill score row		2 -MG at 04/02/21 1005			
BMI (Calculated)	16.3 -NA at 04/02/21 0714				
Pulse Ox View Only	98 -NA at 04/02/21 0714	98 -MG at 04/02/21 0958	96 -MG at 04/02/21 1007	97 -MG at 04/02/21 1013	97 -MG at 04/02/21 1019
Week's Total	-NA at 04/02/21 0714	-MG at 04/02/21 0958	-MG at 04/02/21 1007	-MG at 04/02/21 1013	-MG at 04/02/21 1019
Week's Total	-NA at 04/02/21 0714	-MG at 04/02/21 0958	-MG at 04/02/21 1007	-MG at 04/02/21 1013	-MG at 04/02/21 1019
BMI	16.34 kg/meter squared -NA at 04/02/21 0714				
BSA	0.7 -NA at 04/02/21 0714				
Boys Systolic BP Percentile	74 % -NA at 04/02/21 0714	85 % -MG at 04/02/21 0958	83 % -MG at 04/02/21 1007		77 % -MG at 04/02/21 1019
Boys Diastolic BP Percentile	(I) 98 % -NA at 04/02/21 0714	49 % -MG at 04/02/21 0958	59 % -MG at 04/02/21 1007		56 % -MG at 04/02/21 1019

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

Custom Formula Rows Only - Fri April 02, 2021 (continued)

Row Name	1026	1032	1035	1100	1125
MAP	67 MMHG -MG at 04/02/21 1027	62 MMHG -MG at 04/02/21 1035	—	—	79 MMHG -HM at 04/02/21 1137
Week's Total	-MG at 04/02/21 1027	-MG at 04/02/21 1035	—	—	-HM at 04/02/21 1135
Treatment Completed Formula	-MG at 04/02/21 1027	-MG at 04/02/21 1035	—	—	-HM at 04/02/21 1135
Treatment Completed Formula	-MG at 04/02/21 1027	-MG at 04/02/21 1035	—	—	-HM at 04/02/21 1135
Treatment Completed Formula	-MG at 04/02/21 1027	-MG at 04/02/21 1035	—	—	-HM at 04/02/21 1135
Metric Temp	36.5 -MG at 04/02/21 1027	36.9 -MG at 04/02/21 1035	—	—	37 -HM at 04/02/21 1135
Dias BP %ile	69 % -MG at 04/02/21 1027	46 % -MG at 04/02/21 1035	—	—	(!) 97 % -HM at 04/02/21 1137
Sys BP %ile	51 % -MG at 04/02/21 1027	46 % -MG at 04/02/21 1035	—	—	80 % -HM at 04/02/21 1137
Capillary refill score	—	—	2 -HM at 04/02/21 1107	2 -HM at 04/02/21 1118	2 -HM at 04/02/21 1137
Pulse Ox View Only	97 -MG at 04/02/21 1027	98 -MG at 04/02/21 1035	—	—	99 -HM at 04/02/21 1137
Week's Total	-MG at 04/02/21 1027	-MG at 04/02/21 1035	—	—	-HM at 04/02/21 1135
Week's Total	-MG at 04/02/21 1027	-MG at 04/02/21 1035	—	—	-HM at 04/02/21 1135
Boys Systolic BP Percentile	51 % -MG at 04/02/21 1027	46 % -MG at 04/02/21 1035	—	—	80 % -HM at 04/02/21 1137
Boys Diastolic BP Percentile	69 % -MG at 04/02/21 1027	46 % -MG at 04/02/21 1035	—	—	(!) 97 % -HM at 04/02/21 1137

Child Life - Fri April 02, 2021

Row Name	0853
Introduction to Services	.25 -AM at 05/03/21 0854

Vitals & Measurements - Fri April 02, 2021

Row Name	0709	0913	0953	0956	1006
Weight	17.3 kg -NA at 04/02/21 0714	—	—	—	—
Weight Measurement Method	Standing Scale -NA at 04/02/21 0714	—	—	—	—
Height	103 cm -NA at 04/02/21 0714	—	—	—	—
Height Measurement Method	Standing Scale -NA at 04/02/21 0714	—	—	—	—
Weight (Actual) *To 3 Decimals*	17.3 kg -NA at 04/02/21 0714	—	—	—	—
Temp	36.1 °C -NA at 04/02/21 0714	—	—	36.2 °C -MG at 04/02/21 0957	—
Temp src	Temporal -NA at 04/02/21 0714	—	—	Temporal -MG at 04/02/21 0957	—
Pulse	106 -NA at 04/02/21 0714	—	—	90 -MG at 04/02/21 0958	90 -MG at 04/02/21 1007
Resp	26 -NA at 04/02/21 0714	—	—	20 -MG at 04/02/21 0958	20 -MG at 04/02/21 1007
BP	98/69 -NA at 04/02/21 0714	—	—	(!) 102/49 -MG at 04/02/21 0958	(!) 101/52 -MG at 04/02/21 1007
MAP	73 -NA at 04/02/21 0714	—	—	65 -MG at 04/02/21 0958	66 -MG at 04/02/21 1007

Patient Hovers, Fisher
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Flowsheets (all recorded) (continued)

Vitals & Measurements - Fri April 02, 2021 (continued)

Row Name	0709	0913	0953	0956	1006
Activity	—	—	—	Sedated -MG at 04/02/21 1005	—
Oxygen Mode	—	Room Air -LC at 04/02/21 0922	Simple Mask -LC at 04/02/21 0953	Blow By Anesthesia Bag -MG at 04/02/21 1005	Room Air -MG at 04/02/21 1007
Oxygen Flow (lpm)	—	—	—	8 lpm -MG at 04/02/21 1005	—
SpO2	98 % -NA at 04/02/21 0714	—	—	98 % -MG at 04/02/21 0958	96 % -MG at 04/02/21 1007
Pain Intensity Rating	—	—	—	(!) Sedated -MG at 04/02/21 0958	(!) Sedated -MG at 04/02/21 1007
Row Name	1011	1016	1026	1032	1035
Temp	—	—	36.5 °C -MG at 04/02/21 1027	36.9 °C -MG at 04/02/21 1035	—
Temp src	—	—	Temporal -MG at 04/02/21 1027	Temporal -MG at 04/02/21 1035	—
Pulse	102 -MG at 04/02/21 1013	100 -MG at 04/02/21 1019	98 -MG at 04/02/21 1027	90 -MG at 04/02/21 1035	—
Resp	20 -MG at 04/02/21 1013	22 -MG at 04/02/21 1019	20 -MG at 04/02/21 1027	20 -MG at 04/02/21 1035	—
BP	—	(!) 99/51 -MG at 04/02/21 1019	(!) 92/54 -MG at 04/02/21 1027	(!) 91/48 -MG at 04/02/21 1035	—
MAP	—	64 -MG at 04/02/21 1019	65 -MG at 04/02/21 1027	(!) 56 -MG at 04/02/21 1035	—
Activity	Sleeping; Sleepy, responsive to speech or touch -MG at 04/02/21 1013	—	—	—	Sleepy, responsive to speech or touch -HM at 04/02/21 1107
SpO2	97 % -MG at 04/02/21 1013	97 % -MG at 04/02/21 1019	97 % -MG at 04/02/21 1027	98 % -MG at 04/02/21 1035	—
Pain Scale	—	—	FLACC -MG at 04/02/21 1027	—	FLACC -HM at 04/02/21 1107
Pain Intensity Rating	Asleep -MG at 04/02/21 1013	Asleep -MG at 04/02/21 1019	0 -MG at 04/02/21 1027	—	0 -HM at 04/02/21 1107
Row Name	1100	1125			
Temp	—	37 °C -HM at 04/02/21 1135			
Temp src	—	Temporal -HM at 04/02/21 1135			
Pulse	—	92 -HM at 04/02/21 1135			
Resp	—	20 -HM at 04/02/21 1135			
BP	—	100/68 -HM at 04/02/21 1137			
Oxygen Mode	—	Room Air -HM at 04/02/21 1137			
SpO2	—	99 % -HM at 04/02/21 1137			
Pain Scale	FLACC -HM at 04/02/21 1118	FACES -HM at 04/02/21 1137			
Pain Intensity Rating	0 -HM at 04/02/21 1118	0 -HM at 04/02/21 1137			

I/O - Fri April 02, 2021

Row Name	1100	1116	1130
PO Volume (mL)	30 mL Apple Juice -HM at 04/02/21 1107	30 mL Apple Juice -HM at 04/02/21 1117	100 mL Apple Juice/Popcycles -HM at 04/02/21 1135

LDA/Packing - Fri April 02, 2021

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

LDA/Packing - Fri April 02, 2021 (continued)

Row Name	0956	1026	1040	1100
REASSESSMENT	—	PIV(s), except as noted below, consistent with Last Filed Value for patient -MG at 04/02/21 1026	Consistent with Last Filed Value for patient -HM at 04/02/21 1108	Consistent with Last Filed Value for patient -HM at 04/02/21 1119
LINE PROPERTIES	DATE/TIME DOCUMENTED INDICATES: Insertion -VF, 04/02/21 0934 Placement Date: 04/02/21 -VF, 04/02/21 0934 Placement Time: 0919 -VF, created via procedure documentation, 04/02/21 0934 SITE LOCATION: Right Hand -VF, 04/02/21 0934 Catheter Size: 22g -VF, 04/02/21 0934 Patient Prep: See Anesthesia Record -VF, 04/02/21 0934 Site Prep: Chlorhexidine -VF, 04/02/21 0934 Inserted By: Anesthesiologist -VF, 04/02/21 0934 Removal Date: 04/02/21 -HM, 04/02/21 1127 Removal Time: 1127 -HM, 04/02/21 1127			
LINE/SITE/DRESSING WNL	Yes -MG at 04/02/21 1026	Yes -MG at 04/02/21 1026	Yes -HM at 04/02/21 1108	Yes -HM at 04/02/21 1119
STATUS	Fluids infusing -MG at 04/02/21 1026	NS locked -MG at 04/02/21 1026	NS locked -HM at 04/02/21 1108	NS locked -HM at 04/02/21 1119
Line Intervention	Line Access Bundle Completed; Flushed; Blood return checked; Connections checked and tightened; Fluids/drips checked and verified -MG at 04/02/21 1026	Line Access Bundle Completed; Flushed; Connections checked and tightened; Converted to Hep/NS lock -MG at 04/02/21 1026	—	—
Site Intervention	Continue to monitor -MG at 04/02/21 1026	—	—	—
Daily TLC education provided to pt/family	—	—	Yes -HM at 04/02/21 1108	Yes -HM at 04/02/21 1119
Dressing Type	Transparent occlusive dressing; Tape -MG at 04/02/21 1026	—	Transparent occlusive dressing -HM at 04/02/21 1108	Transparent occlusive dressing -HM at 04/02/21 1119

Discharge Criteria - Fri April 02, 2021

Row Name	1026	1125
Discharge Criteria	—	Met -HM at 04/02/21 1138
Responds to Stimuli	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Airway Control	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Saturation	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Movement	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Pulse	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Respirations	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
BP-Systolic	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Temperature	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138
Pain	Met -MG at 04/02/21 1027	Met -HM at 04/02/21 1138

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Flowsheets (all recorded) (continued)

Discharge Summary - Fri April 02, 2021

Row Name	1125
Standard Discharge	Yes -HM at 04/02/21 1138

Transport - Fri April 02, 2021

Row Name	0913	0953	0956	1006	1029
Transport from Pre-op to Intra-op	In stretcher, SR up -LC at 04/02/21 0922	---	---	---	---
Transport from Intra-op to PACU	---	In stretcher/Bed, SR up -LC at 04/02/21 0953	---	---	---
Transport from PACU to Post-op	---	---	---	---	In stretcher, SR up -MG at 04/02/21 1032
Transporting/Receiving	---	---	---	---	Michael/Heidi -MG at 04/02/21 1032
Destination Safety Criteria Met	Yes -LC at 04/02/21 0922	Yes -LC at 04/02/21 0953	---	---	Yes -MG at 04/02/21 1032
Transfer of Care Complete	Yes -LC at 04/02/21 0922	Yes -LC at 04/02/21 0953	---	---	Yes -MG at 04/02/21 1032
Oxygen Mode	Room Air -LC at 04/02/21 0922	Simple Mask -LC at 04/02/21 0953	Blow By; Anesthesia Bag -MG at 04/02/21 1005	Room Air -MG at 04/02/21 1007	---
Oxygen Flow (lpm)	---	---	8 lpm -MG at 04/02/21 1005	---	---

Row Name	1125
Oxygen Mode	Room Air -HM at 04/02/21 1137

IP PreOp Checklist - Fri April 02, 2021

Row Name	0708	0709	0731	0757	0843
ID Band	Right Upper Extremity -NA at 04/02/21 0709	---	---	---	---
Allergy Band	Not Applicable -NA at 04/02/21 0709	---	---	---	---
Latex Allergy Band	Not Applicable -NA at 04/02/21 0709	---	---	---	---
NPO Solids Date	04/01/21 -NA at 04/02/21 0709	---	---	---	---
NPO Solids Time	2130 -NA at 04/02/21 0709	---	---	---	---
NPO Clear Liquid Date	04/01/21 -NA at 04/02/21 0709	---	---	---	---
NPO Clear Liquid Time	2130 -NA at 04/02/21 0709	---	---	---	---
H/P Present	---	---	---	Yes -HM at 04/02/21 0757	---
Informed Surgical Consent to treatment dated within 30 days	---	---	---	Yes -HM at 04/02/21 0757	---
Site/Procedure verified with parent/guardian	---	---	---	Yes -HM at 04/02/21 0757	---
Site/Procedure verified with consent	---	---	---	Yes -HM at 04/02/21 0757	---
Site Marked	---	---	---	Yes -HM at 04/02/21 0757	---
Anesthesia	---	---	Yes	---	---

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

IP PreOp Checklist - Fri April 02, 2021 (continued)

Row Name	0708	0709	0731	0757	0843
evaluation on chart			-HM at 04/02/21 0732		
Anesthesiologist	—	—	Yes	—	—
Verify Evaluation			-HM at 04/02/21 0732		
Prior to Surgery					
Code sheet on	—	Yes	—	—	—
chart for Inpatients		-HM at 04/02/21 0709			
Patient	—	Yes	—	—	—
identification		-HM at 04/02/21 0709			
stickers					
Jewelry removed	—	Not Applicable	—	—	—
		-HM at 04/02/21 0732			
Glasses, contact	—	Not Applicable	—	—	—
lens removed		-HM at 04/02/21 0732			
Does the patient	—	No	—	—	—
have loose teeth?		-HM at 04/02/21 0732			
Hearing device	—	No	—	—	—
		-HM at 04/02/21 0732			
Personal	—	No	—	—	—
belongings with		-HM at 04/02/21 0732			
patient					
Pre-op Lab Status	—	Not Applicable	—	—	—
		-HM at 04/02/21 0732			
COVID-19 Outside	—	NA	—	—	—
Lab Status		-HM at 04/02/21 0732			
Lab need to be	—	No	—	—	—
done in the OR		-HM at 04/02/21 0732			
Family/Caregiver	—	Patient Room	—	—	—
location		-HM at 04/02/21 0709			
Family contact	—	404-621-7070:	—	—	—
number		Gena Hovers			
		(Mother)			
		-HM at 04/02/21 0709			
Implants in patient	—	No	—	—	—
		-HM at 04/02/21 0732			
Pre-Op Medication	—	Ordered	—	—	Given
		-HM at 04/02/21 0735			-HM at 04/02/21 0843
Medication	—	—	—	—	Relaxed
Response					-HM at 04/02/21 0843
Bath Completed	—	Yes	—	—	—
		-HM at 04/02/21 0735			
Row Name	0900	0956	1035		
ID Band	—	Right Upper	Right Upper		
		Extremity	Extremity		
		-MG at 04/02/21 1005	-HM at 04/02/21 1107		
Allergy Band	—	Not Applicable	Not Applicable		
		-MG at 04/02/21 1005	-HM at 04/02/21 1107		
Latex Allergy Band	—	Not Applicable	Not Applicable		
		-MG at 04/02/21 1005	-HM at 04/02/21 1107		
Intraop Nurse	Yes	—	—		
Verify any required	-LC at 04/02/21 0922				
blood products,					
implants, devices					
and/or special					
equipment for the					
procedure are					
available					
INTRAOP NURSE	Yes	—	—		
Verify **Pre-op	-LC at 04/02/21 0922				

Patient: Hovers, Fisher
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Flowsheets (all recorded) (continued)

IP PreOp Checklist - Fri April 02, 2021 (continued)

Row Name	0900	0956	1035
Checklist is correct & complete			
INTRAOP NURSE	04/02/21	—	—
VERIFY DATE	-LC at 04/02/21 0922		
INTRAOP NURSE	0900	—	—
VERIFY TIME	-LC at 04/02/21 0922		

Education - Fri April 02, 2021

Row Name	0855
Ambulatory	Yes
Surgery/Outpatient	-HM at 04/02/21 0855
Standard Learner Profile	Yes
Learner Verbalizes Understanding	-HM at 04/02/21 0855
Applicable Teaching Sheets Given	Yes Anesthesia (Toddler/Child), Cast Care
	-HM at 04/02/21 0855

OR PreOp Checklist - Fri April 02, 2021

Row Name	0708	0709	0731	0757	0843
ID Band	Right Upper Extremity	—	—	—	—
	-NA at 04/02/21 0709				
Allergy Band	Not Applicable	—	—	—	—
	-NA at 04/02/21 0709				
Latex Allergy Band	Not Applicable	—	—	—	—
	-NA at 04/02/21 0709				
NPO Solids Date	04/01/21	—	—	—	—
	-NA at 04/02/21 0709				
NPO Solids Time	2130	—	—	—	—
	-NA at 04/02/21 0709				
NPO Clear Liquid Date	04/01/21	—	—	—	—
	-NA at 04/02/21 0709				
NPO Clear Liquid Time	2130	—	—	—	—
	-NA at 04/02/21 0709				
H/P Present	—	—	—	Yes	—
				-HM at 04/02/21 0757	
Informed Surgical Consent to treatment dated within 30 days	—	—	—	Yes	—
				-HM at 04/02/21 0757	
Site/Procedure verified with parent/guardian	—	—	—	Yes	—
				-HM at 04/02/21 0757	
Site/Procedure verified with consent	—	—	—	Yes	—
				-HM at 04/02/21 0757	
Site Marked	—	—	—	Yes	—
				-HM at 04/02/21 0757	
Anesthesia evaluation on chart	—	—	Yes	—	—
			-HM at 04/02/21 0732		
Anesthesiologist Verify Evaluation Prior to Surgery	—	—	Yes	—	—
			-HM at 04/02/21 0732		
Code sheet on chart for Inpatients	—	Yes	—	—	—
		-HM at 04/02/21 0709			

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

OR PreOp Checklist - Fri April 02, 2021 (continued)

Row Name	0708	0709	0731	0757	0843
Patient identification stickers	—	Yes -HM at 04/02/21 0709	—	—	—
Jewelry removed	—	Not Applicable -HM at 04/02/21 0732	—	—	—
Glasses, contact lens removed	—	Not Applicable -HM at 04/02/21 0732	—	—	—
Does the patient have loose teeth?	—	No -HM at 04/02/21 0732	—	—	—
Hearing device	—	No -HM at 04/02/21 0732	—	—	—
Personal belongings with patient	—	No -HM at 04/02/21 0732	—	—	—
Pre-op Lab Status	—	Not Applicable -HM at 04/02/21 0732	—	—	—
COVID-19 Outside Lab Status	—	NA -HM at 04/02/21 0732	—	—	—
Lab need to be done in the OR	—	No -HM at 04/02/21 0732	—	—	—
Family/Caregiver location	—	Patient Room -HM at 04/02/21 0709	—	—	—
Family contact number	—	404-621-7070: Gena Hovers (Mother) -HM at 04/02/21 0709	—	—	—
Implants in patient	—	No -HM at 04/02/21 0732	—	—	—
Pre-Op Medication	—	Ordered -HM at 04/02/21 0735	—	—	Given -HM at 04/02/21 0843
Medication Response	—	—	—	—	Relaxed -HM at 04/02/21 0843
Bath Completed	—	Yes -HM at 04/02/21 0735	—	—	—
Row Name	0900	0956	1035		
ID Band	—	Right Upper Extremity -MG at 04/02/21 1005	Right Upper Extremity -HM at 04/02/21 1107		
Allergy Band	—	Not Applicable -MG at 04/02/21 1005	Not Applicable -HM at 04/02/21 1107		
Latex Allergy Band	—	Not Applicable -MG at 04/02/21 1005	Not Applicable -HM at 04/02/21 1107		
Intraop Nurse Verify any required blood products, implants, devices and/or special equipment for the procedure are available	Yes -LC at 04/02/21 0922	—	—		
INTRAOP NURSE Verify **Pre-op Checklist is correct & complete	Yes -LC at 04/02/21 0922	—	—		
INTRAOP NURSE VERIFY DATE	04/02/21 -LC at 04/02/21 0922	—	—		
INTRAOP NURSE VERIFY TIME	0900 -LC at 04/02/21 0922	—	—		

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

Skin Assessment - Fri April 02, 2021

Row Name	0922	0956	1035	1100	1125
SKIN WDL	Yes -LC at 04/02/21 0922	No (Continue to Monitor Patient) -MG at 04/02/21 1005	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1118	Yes -HM at 04/02/21 1137
Medication Patch	—	None -MG at 04/02/21 1005	None -HM at 04/02/21 1107	—	—
Skin Turgor	—	Elastic -MG at 04/02/21 1005	Elastic -HM at 04/02/21 1107	—	—
Edema	—	None -MG at 04/02/21 1005	None -HM at 04/02/21 1107	—	—
Skin Color	—	Pink -MG at 04/02/21 1005	Pink -HM at 04/02/21 1107	—	—
Skin Note	—	Cast to LUE -MG at 04/02/21 1005	Cast to LUE -HM at 04/02/21 1107	—	—

Procedure Site/Dressing - Fri April 02, 2021

Row Name	0956	1026	1040	1100	1125
Procedure	Location Laterality: Right -LC, 04/02/21 0940 LOCATION: Hand -LC, 04/02/21 0940 Placement Date: 04/02/21 -LC, 04/02/21 0940 Placement Time: 0940 -LC, 04/02/21 0940 DRESSING TYPE: Telfa; Felt; Webri; Gauze; Cast Fiberglass -LC, 04/02/21 0940 Removal Date: 04/02/21 -CA, 04/02/21 1244 Removal Time: 1244 -CA, 04/02/21 1244				
PROCEDURE SITE/DRESSING WDL	Yes -MG at 04/02/21 1026	Yes -MG at 04/02/21 1025	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1119	Yes -HM at 04/02/21 1134
Site Assessment	—	Unchanged -MG at 04/02/21 1025	Unchanged -HM at 04/02/21 1107	Unchanged -HM at 04/02/21 1119	Unchanged -HM at 04/02/21 1134
Dressing Appearance	Clean, Dry, Intact -MG at 04/02/21 1026	Clean, Dry, Intact -MG at 04/02/21 1025	Clean, Intact, Dry -HM at 04/02/21 1107	Clean, Dry, Intact -HM at 04/02/21 1119	Clean, Dry, Intact -HM at 04/02/21 1134
Procedure	Location Laterality: Right -LC, 04/02/21 0940 LOCATION: Arm -LC, 04/02/21 0940 Placement Date: 04/02/21 -LC, 04/02/21 0940 Placement Time: 0940 -LC, 04/02/21 0940 DRESSING TYPE: Cast Fiberglass -LC, 04/02/21 0940 Removal Date: 04/02/21 -CA, 04/02/21 1244 Removal Time: 1244 -CA, 04/02/21 1244				
PROCEDURE SITE/DRESSING WDL	Yes -MG at 04/02/21 1026	Yes -MG at 04/02/21 1025	Yes -HM at 04/02/21 1107	Yes -HM at 04/02/21 1119	Yes -HM at 04/02/21 1134
Site Assessment	—	Unchanged -MG at 04/02/21 1025	Unchanged -HM at 04/02/21 1107	Unchanged -HM at 04/02/21 1119	Unchanged -HM at 04/02/21 1134
Dressing Appearance	Clean, Dry, Intact -MG at 04/02/21 1026	Clean, Dry, Intact -MG at 04/02/21 1025	Clean, Dry, Intact -HM at 04/02/21 1107	Clean, Dry, Intact -HM at 04/02/21 1119	Clean, Dry, Intact -HM at 04/02/21 1134

Transport - Fri April 02, 2021

Row Name	0913	0953	0956	1006	1029
Transport from Pre-op to Intra-op	In stretcher, SR up -LC at 04/02/21 0922	—	—	—	—
Transporting/Receiving	—	—	—	—	Michael/Heidi -MG at 04/02/21 1032
Destination Safety Criteria Met	Yes -LC at 04/02/21 0922	Yes -LC at 04/02/21 0953	—	—	Yes -MG at 04/02/21 1032
Transfer of Care Complete	Yes -LC at 04/02/21 0922	Yes -LC at 04/02/21 0953	—	—	Yes -MG at 04/02/21 1032
Oxygen Mode	Room Air -LC at 04/02/21 0922	Simple Mask -LC at 04/02/21 0953	Blow By; Anesthesia Bag -MG at 04/02/21 1005	Room Air -MG at 04/02/21 1007	—
Oxygen Flow (lpm)	—	—	8 lpm -MG at 04/02/21 1005	—	—
Row Name	1125				
Oxygen Mode	Room Air -HM at 04/02/21 1137				

Transport - Fri April 02, 2021

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

Transport - Fri April 02, 2021 (continued)

Row Name	0913	0953	0958	1006	1029
Transport from	—	In stretcher/Bed,	—	—	—
Intra-op to PACU	—	SR up	—	—	—
	—	-LC at 04/02/21 0953	—	—	—
Transporting/Receiving	—	—	—	—	Michael/Heidi
	—	—	—	—	-MG at 04/02/21 1032
Destination Safety	Yes	Yes	—	—	Yes
Criteria Met	-LC at 04/02/21 0922	-LC at 04/02/21 0953	—	—	-MG at 04/02/21 1032
Transfer of Care	Yes	Yes	—	—	Yes
Complete	-LC at 04/02/21 0922	-LC at 04/02/21 0953	—	—	-MG at 04/02/21 1032
Oxygen Mode	Room Air	Simple Mask	Blow	Room Air	—
	-LC at 04/02/21 0922	-LC at 04/02/21 0953	By: Anesthesia Bag	-MG at 04/02/21 1007	—
	—	—	-MG at 04/02/21 1005	—	—
Oxygen Flow (lpm)	—	—	8 lpm	—	—
	—	—	-MG at 04/02/21 1005	—	—

Row Name	1125
Oxygen Mode	Room Air
	-HM at 04/02/21 1137

Nursing Communication - Fri April 02, 2021

Row Name	0938
Family Contacted at:	0938
	-LC at 04/02/21 0939
Nursing Communication Comments	called mom and verified name and DOB updated mom on procedure progress at 404-621-7070
	-LC at 04/02/21 0939

OR Log Debrief Form - Fri April 02, 2021

Row Name	0950
OR Debrief Form Completed?	N/A
	-LC at 04/02/21 0950

Intraop Nursing Care Plan - Fri April 02, 2021

Row Name	0950
Did the patient sustain an alteration in skin and tissue integrity other than surgical incision?	No
	-LC at 04/02/21 0950
Did the patient sustain an injury related to positioning, extraneous objects, chemicals, physical and electrical hazards?	No
	-LC at 04/02/21 0950
Was there a break in technique related to surgical procedure that could result in potential infection?	No
	-LC at 04/02/21 0950
Was there a	No

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

Intraop Nursing Care Plan - Fri April 02, 2021 (continued)

Row Name	0950				
deviation in Plan of Care?	-LC at 04/02/21 0950				
Was there a deviation in Expected Outcome?	No -LC at 04/02/21 0950				

Vitals Reassessment - Fri April 02, 2021

Row Name	0709	0956	1006	1011	1016
Temp	36.1 °C -NA at 04/02/21 0714	36.2 °C -MG at 04/02/21 0957	—	—	—
Temp src	Temporal -NA at 04/02/21 0714	Temporal -MG at 04/02/21 0957	—	—	—
Pulse	106 -NA at 04/02/21 0714	90 -MG at 04/02/21 0958	90 -MG at 04/02/21 1007	102 -MG at 04/02/21 1013	100 -MG at 04/02/21 1019
Resp	26 -NA at 04/02/21 0714	20 -MG at 04/02/21 0958	20 -MG at 04/02/21 1007	20 -MG at 04/02/21 1013	22 -MG at 04/02/21 1019
SpO2	98 % -NA at 04/02/21 0714	98 % -MG at 04/02/21 0958	96 % -MG at 04/02/21 1007	97 % -MG at 04/02/21 1013	97 % -MG at 04/02/21 1019
BP	98/69 -NA at 04/02/21 0714	(!) 102/49 -MG at 04/02/21 0958	(!) 101/52 -MG at 04/02/21 1007	—	(!) 99/51 -MG at 04/02/21 1019
MAP	73 -NA at 04/02/21 0714	65 -MG at 04/02/21 0958	66 -MG at 04/02/21 1007	—	64 -MG at 04/02/21 1019
Oxygen Flow (lpm)	—	8 lpm -MG at 04/02/21 1005	—	—	—
Automatic Restart Vitals Timer	Yes -NA at 04/02/21 0714	Yes -MG at 04/02/21 0958	Yes -MG at 04/02/21 1007	Yes -MG at 04/02/21 1013	Yes -MG at 04/02/21 1019

Row Name	1026	1032	1125		
Temp	36.5 °C -MG at 04/02/21 1027	36.9 °C -MG at 04/02/21 1035	37 °C -HM at 04/02/21 1135		
Temp src	Temporal -MG at 04/02/21 1027	Temporal -MG at 04/02/21 1035	Temporal -HM at 04/02/21 1135		
Pulse	98 -MG at 04/02/21 1027	90 -MG at 04/02/21 1035	92 -HM at 04/02/21 1135		
Resp	20 -MG at 04/02/21 1027	20 -MG at 04/02/21 1035	20 -HM at 04/02/21 1135		
SpO2	97 % -MG at 04/02/21 1027	98 % -MG at 04/02/21 1035	99 % -HM at 04/02/21 1137		
BP	(!) 92/54 -MG at 04/02/21 1027	(!) 91/48 -MG at 04/02/21 1035	100/68 -HM at 04/02/21 1137		
MAP	65 -MG at 04/02/21 1027	(!) 56 -MG at 04/02/21 1035	—		
Automatic Restart Vitals Timer	Yes -MG at 04/02/21 1027	Yes -MG at 04/02/21 1035	Yes -HM at 04/02/21 1135		

Abuse/Neglect/Behavioral & Mental Health Screening - Fri April 02, 2021

Row Name	0708	0734			
Introductory Statement	Children's is committed to the health and safety of you and your child. It is important to us that we ask these questions to better understand your specific needs. -HM at 04/02/21 0709	Children's is committed to the health and safety of you and your child. It is important to us that we ask these questions to better understand your specific needs. -HM at 04/02/21 0734			
Is there anyone in your life that poses a threat to the	No -HM at 04/02/21 0709	No -HM at 04/02/21 0734			

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

Abuse/Neglect/Behavioral & Mental Health Screening - Fri April 02, 2021 (continued)

Row Name	0708	0734
safety of you or anyone else in your home?		
Do you have safety concerns about your child hurting themselves or others?	No -HM at 04/02/21 0709	No -HM at 04/02/21 0734
Have you (CHOA staff) observed anything that prompts concerns of potential abuse/neglect (i.e. physical/behavioral signs of abuse or parent/guardian to child interactions)?	No -HM at 04/02/21 0709	No -HM at 04/02/21 0734

Vitals - Fri April 02, 2021

Row Name	0709	0956	1006	1011	1016
Weight (Dosing)	17.3 kg Filed from first-documented Weight (Recorded). -NA at 04/02/21 0714	—	—	—	—
Temp	36.1 °C -NA at 04/02/21 0714	36.2 °C -MG at 04/02/21 0957	—	—	—
Temp src	Temporal -NA at 04/02/21 0714	Temporal -MG at 04/02/21 0957	—	—	—
Pulse	106 -NA at 04/02/21 0714	90 -MG at 04/02/21 0958	90 -MG at 04/02/21 1007	102 -MG at 04/02/21 1013	100 -MG at 04/02/21 1019
Resp	26 -NA at 04/02/21 0714	20 -MG at 04/02/21 0958	20 -MG at 04/02/21 1007	20 -MG at 04/02/21 1013	22 -MG at 04/02/21 1019
BP	98/69 -NA at 04/02/21 0714	(!) 102/49 -MG at 04/02/21 0958	(!) 101/52 -MG at 04/02/21 1007	—	(!) 99/51 -MG at 04/02/21 1019
MAP	73 -NA at 04/02/21 0714	65 -MG at 04/02/21 0958	66 -MG at 04/02/21 1007	—	64 -MG at 04/02/21 1019
SpO2	98 % -NA at 04/02/21 0714	98 % -MG at 04/02/21 0958	96 % -MG at 04/02/21 1007	97 % -MG at 04/02/21 1013	97 % -MG at 04/02/21 1019

Row Name	1026	1032	1125
Temp	36.5 °C -MG at 04/02/21 1027	36.9 °C -MG at 04/02/21 1035	37 °C -HM at 04/02/21 1135
Temp src	Temporal -MG at 04/02/21 1027	Temporal -MG at 04/02/21 1035	Temporal -HM at 04/02/21 1135
Pulse	98 -MG at 04/02/21 1027	90 -MG at 04/02/21 1035	92 -HM at 04/02/21 1135
Resp	20 -MG at 04/02/21 1027	20 -MG at 04/02/21 1035	20 -HM at 04/02/21 1135
BP	(!) 92/54 -MG at 04/02/21 1027	(!) 91/48 -MG at 04/02/21 1035	100/68 -HM at 04/02/21 1137
MAP	65 -MG at 04/02/21 1027	(!) 56 -MG at 04/02/21 1035	—
SpO2	97 % -MG at 04/02/21 1027	98 % -MG at 04/02/21 1035	99 % -HM at 04/02/21 1137

Post-op Phone Questionnaire - Mon April 05, 2021

Row Name	1053
Call Status	Complete -AP at 04/05/21 1053
Spoke with:	No Answer -AP at 04/05/21 1053

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Flowsheets (all recorded) (continued)

User Key			(r) = Recorded By, (t) = Taken By, (c) = Cosigned By
Initials	Name	Effective Dates	
AM	McClain, Ashley G. Child Life	09/10/20 -	
LC	Chambers, Lateesha M. RN	03/31/21 - 03/31/21	
LC	Chambers, Lateesha M. RN	04/02/21 - 04/02/21	
NA	Acker, Nancy E. PCT	09/10/20 -	
AP	Park, Allison C. RN	09/10/20 -	
MG	Gibbs, Michael S. RN	07/21/20 -	
TP	Peoples, Tomeka. PCT	09/10/20 -	
HM	Maenner, Heidi. RN	12/22/20 -	
VF	Fernandez, Victoria A. PA	03/31/21 - 04/04/21	
CA	Autouser, Cancelorder	—	
LA	Adamson, Lori A. RN	09/10/20 -	

Outpatient Fall Risk Score

No data filed

Intrathecal Pump

No data filed

Cardiac Services

Pacemaker/ICD General Parameters

No data filed

HSD NIC INITIAL/FINAL PACER V3

No data filed

Telephone Encounter Summary

Call Information

	Department	Center
4/2/2021 6:35 AM	Zopt-Eg Postop	

Transfer Summary & Discharge Summary

Discharge Summary by Chan, Gilbert, MD at 4/2/2021 9:47 AM

Author: Chan, Gilbert, MD	Service: Orthopedic Surgery	Author Type: Physician
Filed: 4/2/2021 9:47 AM	Date of Service: 4/2/2021 9:47 AM	Status: Signed
Editor: Chan, Gilbert, MD (Physician)		

Day Surgery Discharge Summary

Preop Diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Postop Diagnosis: Same

Procedure: Procedure(s):

CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE

Final Diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Active Problems:

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Transfer Summary & Discharge Summary (continued)

Discharge Summary by Chan, Gilbert, MD at 4/2/2021 9:47 AM (continued)

* No active hospital problems. *

Discharge Medications:

Medication List at DISCHARGE

Take these medicines as instructed below:

HYDROcodone-acetaminophen 7.5-325 mg/15 mL oral solution

Take 3.5 mL (1.75 mg) by mouth every 6 hours as needed for moderate pain

Commonly known as: HYCET/LORTAB

ibuprofen 100 mg/5 mL suspension

Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain

Commonly known as: MOTRIN

ZYRTEC PO

Where to Get Your Medications

You may get the following medications from a pharmacy.

Bring a paper prescription for each of these medications

- HYDROcodone-acetaminophen 7.5-325 mg/15 mL oral solution

Discharge Plan/Instructions:

Discharge Procedure Orders

Follow Up With Specialist

Order Specific Question

Answer

Comments

When to follow up:

4 weeks

Cast/Spica Care

Disposition: Home per anesthesia protocol.

Gilbert Chan, MD

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Transfer Summary & Discharge Summary (continued)

Discharge Summary by Chan, Gilbert, MD at 4/2/2021 9:47 AM (continued)

History and Physical

H&P by Chan, Gilbert, MD at 4/2/2021 7:53 AM

Author: Chan, Gilbert, MD
Filed: 4/2/2021 7:54 AM
Editor: Chan, Gilbert, MD (Physician)

Service: Orthopedic Surgery
Date of Service: 4/2/2021 7:53 AM

Author Type: Physician
Status: Signed

Orthopedic Surgery History and Physical

Name: Fisher Hovers Admission Date: 4/2/2021 6:35 AM
Hospital #: 607367422 MRN: 3302624 Attending Provider: Chan, Gilbert, MD
Room/Bed: EG PREOP POOL ROOM/NONE DOB: 8/31/2017 Age: 3y 7m

Chief Complaint: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [s62.512a]

History of Present Illness

Displaced thumb fracture

Medications

Allergies: Patient has no known allergies.

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
• cetirizine HCl (ZYRTEC PO)				4/1/2021 at Unknown time
• ibuprofen (MOTRIN) 100 mg/5 mL suspension	Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain	354 mL	0	Unknown at Unknown time

Current Medication List

Medication	Frequency
• midazolam (VERSED) 6 mg oral syrup	On Call to OR

Medical / Surgical History

No past medical history on file.

No past surgical history on file.

Family / Social History

Name of Legal Guardian(s): Gena Hover, mom

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

History and Physical (continued)

H&P by Chan, Gilbert, MD at 4/2/2021 7:53 AM (continued)

Immunizations

Review of Systems: On Admission

No fever, cold, or cough in last week.

Physical Exam: On Admission

Vitals: Blood pressure 98/69, pulse 106, temperature 36.1 °C, temperature source Temporal, resp. rate 26, height 103 cm, weight 17.3 kg, SpO2 98 %.

	nmf	abn	Abnormal or Pertinent Physical Finding
General	x		
Head	x		
Eyes	x		
Ears	x		
Nose	x		
Neck	x		
Lungs	x		
Cardiac			
Abdomen			
Genitals			
Extremities		x	Displaced fracture with malrotation
Neurological	x		
Back	x		
Skin	x		
Rectal			

If blank, exam deferred

Laboratory and X-ray Data: On Admission

BMG: No Values to Display

CBC: No Values to Display

Radiology: see report

Impression and Plan

For closed reduction and pinning

Patient seen and evaluated, no significant changes noted. Plan discussed as mentioned above, the risks, benefits and potential complications discussed along with the postoperative treatment. Patient's parents/caregiver in understanding and consent obtained. Patient taken to the operating room as planned.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

History and Physical (continued)

H&P by Chan, Gilbert, MD at 4/2/2021 7:53 AM (continued)

Diagnosis and treatment plan discussed with family

Gilbert Chan, MD

Electronically signed by Chan, Gilbert, MD at 4/2/2021 7:54 AM

OR Notes

OR Op Note by Chan, Gilbert, MD at 4/2/2021 9:44 AM

Author: Chan, Gilbert, MD
Filed: 4/2/2021 9:45 AM
Editor: Chan, Gilbert, MD (Physician)

Service: Orthopedic Surgery
Date of Service: 4/2/2021 9:44 AM

Author Type: Physician
Status: Signed

Name: Fisher Hovers
MRN: 3302624
DOB: 8/31/2017
Age: 3y

Diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Postop diagnosis: Same

Procedure: Procedure(s):

CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE

Surgeon: Surgeon(s):

Chan, Gilbert, MD

Assistants: Tonya Dry Pa-C was present throughout the entire case in the role of a first assist due to the nature that no resident or other qualified assistant was present to help with the case. The assistant assisted in the following aspects of surgery which include pinning and casting

Anesthesia: General

Indications:

The patient is a 3y male who presented for evaluation of his/her thumb. The patient was noted to have a displaced proximal phalanx fracture. After a complete evaluation was performed, operative and nonoperative treatment options were discussed. It was deemed appropriate for the patient to undergo closed versus open reduction and internal fixation. The risks and benefits and all the possible outcomes and complications were discussed in depth and the patient and his or her family had consented to the procedure. Patient was subsequently brought to the operating room for the procedure

Procedure:

After informed consent was obtained and the surgical site marked, the patient was taken to the operating room where induction of anesthesia was performed. A timeout was done to ensure the right procedure and operative site was confirmed by everyone in the room. Once this was done the site was prepped and draped in the usual sterile manner. We began by evaluating the fracture under image, gentle reduction was performed. At this point we felt that the fracture was unstable. We then decided to treat the fracture with pins. A single 0.35 pins were

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Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

OR Notes (continued)

OR Op Note by Chan, Gilbert, MD at 4/2/2021 9:44 AM (continued)

placed from distal to proximal. The site was cleaned, the pins were bent and cut, sterile dressing placed. A thumb spica cast was applied. Patient was brought to the pacu in good and stable condition.

Implants:

Implant Name	Type	Inv. Item	Serial No.	Manufacturer	Lot No.	LRB	No. Used	Action
KWIRE SMOOTH .035MM - LOG743671		KWIRE SMOOTH .035MM		MICROAIRE SURGICAL INSTRUMENT S		Left	1	Implanted

Findings: fracture

EBL: minimal

Specimen (s): none

Drains: none

Condition/Disposition: good

PLAN:

followup in 3 weeks for cast off and xrays, pins out if healing seen

Gilbert Chan, MD

Interdisciplinary Progress Notes

Progress Ancillary by McClain, Ashley G, Child Life at 4/2/2021 8:50 AM

Author: McClain, Ashley G, Child Life

Service: Family Support Services

Author Type: Child Life Specialist

Filed: 5/3/2021 8:52 AM

Date of Service: 4/2/2021 8:50 AM

Status: Signed

Editor: McClain, Ashley G, Child Life (Child Life Specialist)

Child Life Progress Note

Name: Fisher Hovers

Admission Date: 4/2/2021 6:35 AM

Hospital #: 607367422 MRN: 3302624

Attending Provider: Chan, Gilbert, MD

Room/Bed: EG POSTOP POOL ROOM/NONE DOB: 8/31/2017 Age: 3y

Gender: male

5/3/2021 8:51 AM

Referral for Child Life services received from: self

Interpreter used: No

Variance:

None

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Interdisciplinary Progress Notes (continued)

Progress Ancillary by McClain, Ashley G, Child Life at 4/2/2021 8:50 AM (continued)

Goal(s)

Perform initial assessment

Intervention(s)

Introduction to Services

Outcome:

Met

Progress Note and Plan

This child life specialist (CLS) introduced self and services to pt and family in holding room. No needs or concerns expressed at this time. This CLS will remain available for support if needed while pt is in day surgery unit.

PPE: procedure mask, goggles, handwashing

Ashley G. McClain, Child Life
Ashley McClain, CCLS
Certified Child Life Specialist
Day Surgery Unit at Egleston
Voalte: 41307

Electronically signed by McClain, Ashley G, Child Life at 5/3/2021 8:52 AM

All Other Notes

No notes exist for this encounter.

Patient Education

Patient Education

Title: First-Dose Education (Not Started)

Points For This Title

Point: Ringer's solution, lactated (Not Started)

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

Point: midazolam HCl (Not Started)

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

Point: morphine sulfate (Deleted)

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Patient Education (continued)

Patient Education (continued)

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

Point: fentanyl citrate/PF (Deleted)

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

Hovers, Fisher

Hovers, Fisher does not have an active treatment plan of type CHEMOTHERAPY in this episode.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Patient:Hovers, Fisher
MRN. 3302624
Acct #: 607367422

All Orders

midazolam (VERSED) 6 mg oral syrup [210194077]

Electronically signed by: Huddleston, Amber, NP on 04/02/21 0727 Status: Completed
Ordering user: Huddleston, Amber, NP 04/02/21 0727 Ordering provider: Huddleston, Amber, NP
Authorized by: Brosius, Keith K, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Brosius, Keith K, MD 04/02/21 0931 for Ordering
Frequency: On Call to OR 04/02/21 0728 - 1 occurrence Package: 99998009105
Medication Dose: 6 mg

FINGER(S) MIN 2V [210194078]

Electronically signed by: Barbeyto, Joseph, RT on 04/02/21 0801 Status: Completed
Ordering user: Barbeyto, Joseph, RT 04/02/21 0801 Ordering provider: Chan, Gilbert, MD
Authorized by: Chan, Gilbert, MD Ordering mode: Standard
Frequency: Imaging Once 04/02/21 0801 - 1 occurrence

Questionnaire

Question	Answer
Reason for Study:	Closed vs Open Reduction-OR CASE
Left/Right?	left

Order comments: Supervising Provider:

midazolam (VERSED) oral syrup [210194080]

Electronically signed by: Maenner, Heidi, RN on 04/02/21 0842 Status: Completed
Ordering user: Maenner, Heidi, RN 04/02/21 0842 Ordering mode: Standard
Frequency: 04/02/21 0842 - 1 occurrence
Medication comments: Created by cabinet override
Package: 99998009105

NS 0.9% irrigation solution [210194099]

Electronically signed by: Chan, Gilbert, MD on 04/02/21 0948 Status: Discontinued
Mode: Ordering in Verbal RBAV (Doctor Cosign) mode
Ordering user: Chambers, Lateesha M, RN 04/02/21 0936 Communicated by: Chambers, Lateesha M, RN
Authorized by: Chan, Gilbert, MD Ordering provider: Chan, Gilbert, MD
Frequency: as needed 04/02/21 0935 - 04/02/21 0953 Ordering mode: Verbal RBAV (Doctor Cosign)
Discontinued by: Chambers, Lateesha M, RN 04/02/21 0953
[Patient Transferred]
Package: 0338-0048-03

Outpatient May Be Discharged [210194102]

Electronically signed by: Chan, Gilbert, MD on 04/02/21 0946 Status: Active
Ordering user: Chan, Gilbert, MD 04/02/21 0946 Ordering provider: Chan, Gilbert, MD
Authorized by: Chan, Gilbert, MD Ordering mode: Standard
Frequency: ONCE 04/02/21 0946 - 1 occurrence
Order comments: Home with parent

Cast/Spica Care [210194103]

Electronically signed by: Chan, Gilbert, MD on 04/02/21 0946 Status: Active
Ordering user: Chan, Gilbert, MD 04/02/21 0946 Ordering provider: Chan, Gilbert, MD
Authorized by: Chan, Gilbert, MD Ordering mode: Standard
Frequency: 04/02/21 -

Follow Up With Specialist [210194104]

Electronically signed by: Chan, Gilbert, MD on 04/02/21 0946 Status: Active
Ordering user: Chan, Gilbert, MD 04/02/21 0946 Ordering provider: Chan, Gilbert, MD
Authorized by: Chan, Gilbert, MD Ordering mode: Standard
Frequency: 04/02/21 -

Questionnaire

Question	Answer
When to follow up:	4 weeks

HYDROcodone-acetaminophen (HYCET/LORTAB) 7.5-325 mg/15 mL oral solution [210194105]

CHOA**CONFIDENTIAL MEDICAL RECORD COPY**

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

All Orders (continued)

HYDROcodone-acetaminophen (HYCET/LORTAB) 7.5-325 mg/15 mL oral solution [210194105] (continued)

Electronically signed by: Chan, Gilbert, MD on 04/02/21 0946	Status: Expired
Ordering user: Chan, Gilbert, MD 04/02/21 0946	Ordering provider: Chan, Gilbert, MD
Authorized by: Chan, Gilbert, MD	Ordering mode: Standard
PRN reasons: moderate pain	
Frequency: every 6 hours prn 04/02/21 - 5 days	

Questionnaire

Question	Answer
Have you or your delegate reviewed patient prescription data from the PDMP?	Exempt - Order is for <= 10 days duration (outpatient post-op and <= 40 pills)

Medication Dose: 3.5 mL

Cardiac Apnea Monitoring [210194088]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930	Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930	Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD	Ordering mode: Standard
Frequency: ongoing 04/02/21 0959 - 24 hours	Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1544 [Patient Discharged]	
Order comments: If pt admitted for observation. *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer.	

fentaNYL (SUBLIMAZE) 5 mcg injection solution [210194091]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930	Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930	Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD	Ordering mode: Standard
PRN reasons: moderate pain	
Frequency: every 5 minutes prn 04/02/21 0958 - 3 occurrences	Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1344 [Patient Discharged]	Package: 0641-6027-25
Medication Dose: 5 mcg	

morphine 0.5 mg injection [210194092]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930	Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930	Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD	Ordering mode: Standard
PRN reasons: severe pain	
Frequency: every 5 minutes prn 04/02/21 0958 - 3 occurrences	Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1344 [Patient Discharged]	Package: 0641-6125-25
Medication Dose: 0.5 mg	

Patient may be discharged from PACU [210194093]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930	Status: Completed
Ordering user: Brosius, Keith K, MD 04/02/21 0930	Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD	Ordering mode: Standard
Frequency: ONCE 04/02/21 0959 - 1 occurrence	Released by: Gibbs, Michael S, RN 04/02/21 0958
Order comments: *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer. CRITERIA: ASA I or II. All discharge criteria on PACU flowsheet met or reconciled with anesthesiologist input. Observe for 15 min after IV opioid. Monitor SpO2 for 10 min after oxygen weaned.	

lactated ringers IV solution [210194085]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930	Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930	Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD	Ordering mode: Standard
Frequency: continuous 04/02/21 0959 - 04/02/21 1344	Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1344 [Patient Discharged]	Package: 0338-0117-04

Vital Signs [210194086]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930	Status: Discontinued
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Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

All Orders (continued)

Vital Signs [210194086] (continued)

Ordering user: Brosius, Keith K, MD 04/02/21 0930 Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD Ordering mode: Standard
Frequency: Every 10 min 04/02/21 0959 - Until Specified Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1544 [Patient Discharged]
Order comments: *For PACU or Post-Op Day Surgery use only* Order to be discontinued upon patient transfer.

Pulse Oximetry [210194087]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930 Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930 Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD Ordering mode: Standard
Frequency: continuous 04/02/21 0959 - 24 hours Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1544 [Patient Discharged]
Order comments: If admitted for observation. *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer.

Warming/Cooling Blanket Bair Hugger (Warming); 38 [210194089]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930 Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930 Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD Ordering mode: Standard
Frequency: ongoing 04/02/21 0959 - Until Specified Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1544 [Patient Discharged]

Questionnaire

Question	Answer
Blanket Type	Bair Hugger (Warming)
Desired Patient Temperature Set Point (Centigrade):	38

Order comments: May use warming blanket PRN for axillary or temporal scanner temperature less than 36 C (96.8 F). *For PACU or Post-Op Day Surgery use only*. Order to be discontinued upon patient transfer.

PACU Post-Op Oxygen [210194090]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930 Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930 Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD Ordering mode: Standard
Frequency: prn 04/02/21 0959 - Until Specified Released by: Gibbs, Michael S, RN 04/02/21 0958
Discontinued by: Autouser, Cancelorder 04/02/21 1544 [Patient Discharged]
Order comments: PACU Post-Op Oxygen Routine. PACU *For PACU or Post-Op Day Surgery use only.* Order to be discontinued upon patient transfer. EXTUBATED PATIENTS: Begin with blow-by or mask oxygen. May change to nasal cannula. Flow rate appropriate for age, size, and condition. May humidify as indicated Jackson-Rees circuit and mask at bedside TRACHEOSTOMY PATIENTS: If spontaneously ventilating use humidified supplemental oxygen. Wean oxygen as tolerated to baseline saturation. If ventilator-dependent consult respiratory therapy to check patient and set up ventilator in PACU. INTUBATED PATIENTS: Delivered to PACU on Jackson-Rees circuit or T-piece. If on T-piece, Jackson-Rees circuit available at bedside. May humidify gases if extended period of intubation anticipated

Patient may be discharged from Day Surgery [210194094]

Electronically signed by: Brosius, Keith K, MD on 04/02/21 0930 Status: Discontinued
Ordering user: Brosius, Keith K, MD 04/02/21 0930 Ordering provider: Brosius, Keith K, MD
Authorized by: Brosius, Keith K, MD Ordering mode: Standard
Frequency: ONCE 04/02/21 1117 - 1 occurrence Released by: Maenner, Heidi, RN 04/02/21 1116
Discontinued by: Autouser, Cancelorder 04/02/21 1544 [Patient Discharged]
Order comments: *For PACU or Post-Op Day Surgery use only* Order to be discontinued upon patient transfer.

Clinical Lab Results

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Lab, Radiology, ECG/EMG, and Cardiac Results

FINGER(S) MIN 2V [210194079] Resulted: 04/02/21 0916, Result status: In process
Resulted by: Richer, Edward J, MD Performed: 04/02/21 0916 - 04/02/21 1013
Accession number: 6549883

FINGER(S) MIN 2V [210194079] Resulted: 04/02/21 1017, Result status: In process
Resulted by: Richer, Edward J, MD Performed: 04/02/21 0916 - 04/02/21 1013
Accession number: 6549883

FINGER(S) MIN 2V [210194079] Resulted: 04/02/21 1021, Result status: Final result
Resulted by: Richer, Edward J, MD Performed: 04/02/21 0916 - 04/02/21 1013
Accession number: 6549883 Resulting lab: INBOUND IBEX LAB RAD QUESTIONS
Narrative:
INDICATION: Closed versus open reduction.

PROCEDURE: Three portable C-arm views of the left thumb. Fluoroscopic time is .3 min.

COMPARISON: 3/29/2021.

FINDINGS: Intraoperative fluoroscopy provided for the ordering clinician.
A pin has been placed across the fracture of the proximal phalanx of the thumb, with improved alignment.

Impression:

IMPRESSION: Fluoroscopic assistance for pinning of fracture of the proximal phalanx of the thumb.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1009 - IBEX ORDERS	INBOUND IBEX LAB RAD QUESTIONS	Unknown	Unknown	08/05/09 1006 - Present

Pathology Reports

Pathology Results

No results found

Discharge Instructions

AVS

After Visit Summary printed by Maenner, Heidi, RN on 4/2/2021 9:56 AM

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Discharge Instructions (continued)

AVS (continued)

AFTER VISIT SUMMARY

Fisher Hovers (MRN: 3302624)



Children's
Healthcare of Atlanta

4/2/2020 9:56 AM

Your Child's Next Steps



- Pick up these medications from any pharmacy with your child's printed prescription
- HYDROCHLORIDE

Primary Care Provider Information

Primary Care Provider
Jaime L. Davis, MD

Phone
678-583-9071

Fax
678-583-9319

Attending Doctor at Discharge

Provider
Chen, Gilbert, MD

Service
Orthopedic Surgery

Allergies

No Known Allergies



Other Discharge Instructions
Cast/Spica Care

Discharge Instructions

None

Contact Information for follow-up

When to follow up: 4 weeks

Pediatric Orthopaedic Associates PC
6 Executive Park Drive
Suite 10
Atlanta GA 30320
404-525-4100

Medicine Safety Information

- Call the doctor if you have questions about the medicines.
- When you pick up medicines at the drug store:

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Discharge Instructions (continued)

AVS (continued)

Medicine Safety Information (continued):

- Read each label closely.
- Be sure to ask if you have any questions about the medicines or how to give it.

- Always read the label each time you give medicine to your child. Make sure you have the right medicine, the right amount and the right strength.
- Do not use a kitchen spoon to measure your child's liquid medicine. Use a medicine syringe or measuring spoon made just for giving liquid medicines to a child. You can get one at your drug store.
- Keep all medicines in their labeled containers. Store them in a locked cupboard that your child can not reach.
- Throw away all medicines once they expire. The date is on the container. Also throw away all medicines once your child finishes the dose the doctor prescribes.
- Keep a current list of your child's medicines. Share the list with his doctors.

Opioid Information

How to handle and dispose of opioids safely

This is general information only. Your child's doctor or a member of your child's healthcare team will talk with you about specific care for your child.

What is an opioid?

- An opioid is a type of medicine used to help relieve moderate to severe pain. It is often prescribed after a surgery or serious injury.
- Examples of opioids include:
 - Hydrocodone/acetaminophen. Some brand names are Norco, Lortab and Vicodin.
 - Oxycodone/acetaminophen. The brand name is Percocet.
 - Oxycodone. The brand name is Roxicodone.
 - Hydromorphone. The brand name is Dilaudid.
 - Morphine
 - Tramadol. The brand name is Ultram.
- When an opioid is used as prescribed by your doctor, there is a very low risk for addiction and it is a safe medicine for your child.

What should I know if my child is prescribed opioids?

- Follow the instructions your child's doctor gives you. **NEVER** give your child more opioids than prescribed! This includes giving the medicine more often or giving more pills at one time.
- If your child is still in pain, call your child's doctor for advice on next steps.
- You can help prevent misuse and abuse!
 - Never sell or share opioids, even with family members.
 - Never use another person's opioids.
- The number one way to prevent misuse and abuse is to store all opioids in a secure place where others cannot get to them. **The safest place to store all medicines is a lockbox that is out of reach of children, family members, friends and visitors.**

What should I do if my child has unused opioids left?

Fisher Hovers (MRN, 3302624) - Printed at 4/2/21 9:56 AM

Page 2 of 7 **Epic**

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Discharge Instructions (continued)

AVS (continued)

Opioid Information (continued)

It is important that you dispose of unused opioids safely. Do not keep them just in case your child has more pain later on. This can lead to opioid misuse and abuse.

How should I dispose of opioids?

To safely and securely dispose of unused opioids, you may:

- Use a drug drop box; this is the best way to dispose of your child's unused opioids.
 - In most Georgia counties, there are drug drop boxes at the Sheriff's or Police Department. Most locations are always open.
 - To view a complete list of drug drop box locations and hours, visit sdpdweb.org/eng3a.org.
- Dispose of the opioids yourself:
 - Only use this method if there are no drug box programs near you.
 - All opioids EXCEPT TRAMADOL are approved by the FDA to flush down the toilet.
 - For any opioid, including Tramadol, you may dispose of your child's opioids as follows:
 - Take the medicine out of the original bottle.
 - Crush the medicines in a Ziploc bag.
 - In the bag with the crushed medicines, add something that no one would want to eat and reseal the bag. Examples include dirt, kitty litter or used coffee grounds.
 - The sealed bag and the empty drug bottle are now safe to throw away in your normal trash.

** Make sure to scratch off or mark over the personal details from the medicine label by using a permanent marker or duct tape.

What should I do if I have more questions?

- Visit deaddoctor.usda.gov/drug_disposal.
- For a list of public disposal locations near you, visit drugdropboxes.org/map.search.
- Visit sdpdweb.org/eng3a.org.

In case of urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Children's Healthcare of Atlanta has not reviewed all of the sites listed as resources and does not make any representations regarding their content or accuracy. Children's Healthcare of Atlanta does not recommend or endorse any particular products, services or the content or use of any third party websites, or make any determination that such products, services or websites are necessary or appropriate for you or for the use in rendering care to patients. Children's Healthcare of Atlanta is not responsible for the content of any of the above-referenced sites or any sites linked to these Sites. Use of the links provided on this or other sites is at your sole risk.

GA Crisis Line / National Suicide Prevention Line

Crisis Help Phone Line:

The Georgia Crisis Access Line: 800-715-4225

National Suicide Prevention Lifeline:

National Suicide Prevention Lifeline: 800-273-8255

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Discharge Instructions (continued)

AVS (continued)

Medication List

Give your child these medications as directed

Morning Afternoon Evening Bedtime As Needed

ZYRTEC PQ

Give your child these medications as needed

Morning Afternoon Evening Bedtime As Needed

HYDROcodone-acetaminophen 7.5-325 mg/15 mL
oral solution

HYCLOFURTAB

Take 3.5 mL (1.75 mg) by mouth every 6 hours as needed
for moderate pain

ibuprofen 100 mg/5 mL suspension

VALIOLIN

Take 8.8 mL (176 mg) by mouth every 6 hours as needed
for mild pain

Where to pick up your child's medications

PHARMACY Pick up these medications regularly as instructed by your child's primary physician
HYDROcodone-acetaminophen

COVID-19 for Families

COVID-19 Guidance for Families - adapted from CDC.gov

The best ways to prevent illness are to avoid being exposed through social distancing and to use hand hygiene frequently.

The virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Older adults and others who have chronic medical conditions (like heart or lung disease or diabetes) may be more likely to have serious complications from COVID-19. Maintaining social distance and using hand hygiene can help to protect everyone.

Take steps to protect yourself:

Discharge Instructions (continued)

AVS (continued)

COVID-19 for Families (continued)

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing or sneezing.
- If you do not have soap and water use an alcohol-based gel or foam that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose and mouth with unwashed hands.

Avoid close contact

- Avoid close contact with people who are sick.
- If you must leave home, be sure to follow "Social distancing" by staying at least 6 feet away from others. Also, keep up with local, state and federal guidelines on where you are allowed to go during this time.

Take steps to protect others:

Stay home if you are sick

- Stay home if you are sick, except to get medical care. Call your pediatrician's office if you think you have been exposed or may have symptoms of COVID-19 for further guidance on the best way to receive care. Do not go to the emergency department simply to get tested. Please do use the emergency department for true health emergencies.
- Most children can be cared for at home who have symptoms of a COVID-19 infection. You may visit our website www.cox.org and click on the COVID-19 hub for information. Within this hub, you may use our COVID-19 Pediatric Assessment tool. This is an online assessment tool that helps parents answer two questions: What should I do if my child has a fever and/or cough? What should I do if my child has been around someone with COVID-19, but my child has no symptoms?
- If you have children who are mildly symptomatic or ill and do not require medical treatment, the recommendation is to remain at home. At this time the recommendation for any individual who is ill or concerned they may have COVID-19 is to remain at home for 10 days from onset of symptoms provided there has been at least 1 day of no fever (without fever-reducing medication) and significantly improving symptoms.
- Urgent concerns require immediate medical attention. Other symptoms that may require medical attention include difficulty breathing, fast breathing even when there is no fever present, continued coughing with in-pulling of chest, inconsolable crying, decreased drinking of fluids with reduced urine output, no tears when crying or a change in behavior that is concerning.
 - If you have concerns regarding your child's symptoms, please call your pediatrician or call the Children's Nurse Advice Line at 404-785-KIDS.
 - If your child develops emergency warning signs, seek medical attention immediately. Emergency warning signs include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.

Cover coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Wash your hands with soap and water for at least 20 seconds right away if you do not have soap and water, use an alcohol-based gel or foam that contains at least 60% alcohol.

Wear a facemask or cloth face covering

- If you are sick, wear a facemask when you are in close contact with other people (like in a room or car) and if you must leave your home. Remember to stay home, except to seek medical care.
- Even if you are not sick, wear a cloth face covering over your nose and mouth in public. This is advised in addition to social distancing, frequent hand hygiene and other methods for preventing the spread of illness.

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Discharge Instructions (continued)

AVS (continued)

COVID-19 for Families (continued)

Note that medical masks and N-95 respirators should only be used by health care providers and first responders.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces every day. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water before disinfecting them.

It is still recommended that you:

- Have an adequate supply of medicine on hand.
- Continue routine medical care such as visits for chronic diseases and recommended vaccines. Doctors' offices at Children's and elsewhere in the community are prepared to care for children at this time.

For more information, you may go to choa.org/covid19

MYchart Sign-up

What is MYchart?

MYchart is our free tool that provides quick, convenient online access to your child's medical records using your computer or mobile device. With MYchart, you can:

- Access your child's medical records
- Request appointments
- Request prescription renewals
- Communicate with your child's healthcare team

How do I sign up?

To request an access code or find out more, go to choa.org/MYchart
For additional assistance, please call 404-785-7844

Care Everywhere ID

CHA-579-7932

Instructions Reviewed with Verbalization of Understanding

The discharge instructions have been reviewed with the parent/legal guardian assuming responsibility for care of the patient and a printed copy was given to him/her. All questions have been answered and the parent/legal guardian states that he/she will be able to provide the appropriate care. Medication teaching for the discharge medications listed on this form was provided.

The parent/legal guardian was reminded to discard old medications lists and update their records. The parent/legal guardian assuming responsibility for the patient states that he/she has read and understands the medication information and has had an opportunity to ask questions which have been answered to their satisfaction.

Patient:Hovers, Fisher
MRN. 3302624
Acct #: 607367422

Discharge Instructions (continued)

AVS (continued)

Disclaimer

I understand that my child has had acute treatment only and that he/she may be released before all medical problems are known or treated. I will arrange for follow-up care as needed.

____ total number pages of AVS/Discharge Instructions (not including Teaching Sheets, etc.) provided to the parent/legal guardian.

Patient-Level E-Signatures:

No documentation.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607367422

Discharge Instructions (continued)

Encounter-Level E-Signatures:

No documentation.

Hospital Account-Level E-Signatures:

No documentation.



Marvin F Hovers
166 Aubree Way
MCDONOUGH, GA 30252

Guarantor ID: 5000099740

Visit Coverages: Cigna - Cigna Network/hmo/pos/open Access Plus

This is not a bill. This is an itemization of your hospital services for:

Patient: Hovers, Fisher
Attending
Hospital 303595907

Admission 03/29/21
Type Of Stay: Outpatient [2]
Discharge Date: 03/29/21

Current Hospital Account Balance: \$380.20

Professional Charges

Date	Rev. Code	Procedure Code	Description	Qty	Amount
03/29/21		73140	RADIOLOGIC EXAM FINGER MINI 2 VIEWS	1	62.80
03/29/21		99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	1	605.92
03/29/21		26720	CLOS TX PHALANGEAL FX; W/O MANIP EA	1	1,182.97
03/29/21		73140	RADIOLOGIC EXAM FINGER MINI 2 VIEWS	1	135.41

Total professional charges: 1,987.10

Patient: Hovers, Fisher
 MRN: 3302624
 Acct #: 607362913

Patient Demographics

Name	Patient ID	Legal Sex	Birth Date
Hovers, Fisher	3302624	Male	08/31/17 (3 yrs)
Address	Phone	Email	
166 Aubree Way MCDONOUGH GA 30252	404-621-7070 (H) 404-621-7070 (M)	—	
Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Davis, Jaime L, MD678-583-9071	03/29/21	04/28/21

Hovers, Fisher #3302624 (Acct: 607362913) (3y M) (Adm: 03/29/21) HBUC UC 03 03

Admission Information

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
Watkins, Elizabeth K, MD 404-785-8660		Urgent	Confirmed Discharge
Admission Date/Time	Discharge Date/Time	Hospital Service	Auth/Cert Status
03/29/21 11:41 AM	03/29/21 12:30 PM	Urgent Care	Incomplete
Hospital Area	Unit	Room/Bed	Referring Provider
CHILDREN'S	HUDSON BRIDGE UC	UC 03/03	
Procedure			
Diagnosis			
Discharge Disposition	Discharge Destination		
Home	Home		

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/29/2021 1230	Home	Home	Watkins, Elizabeth K, MD	Hudson Bridge Urgent Care

Events

ED Arrival at 3/29/2021 1109

Unit: Hudson Bridge Urgent Care

Admission at 3/29/2021 1141

Unit: Hudson Bridge Urgent Care Room: UC 03 Bed: 03
 Patient class: Urgent Care Service: Urgent Care

ED Roomed at 3/29/2021 1141

Unit: Hudson Bridge Urgent Care Room: UC 03 Bed: 03
 Patient class: Urgent Care Service: Urgent Care

Discharge at 3/29/2021 1230

Unit: Hudson Bridge Urgent Care Room: UC 03 Bed: 03
 Patient class: Urgent Care Service: Urgent Care

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Admission Information (continued)

Events (continued)

Discharge at 3/29/2021 1230

Unit: Hudson Bridge Urgent Care
Patient class: Urgent Care

Room: UC 03
Service: Urgent Care

Bed: 03

Allergy Information

No Known Allergies

Problem List

None

Never Reviewed

History

Family as of 3/29/2021

None

Family Status as of 3/29/2021

None

All Meds and Administrations

ibuprofen (MOTRIN) 176 mg suspension [210194066]

Ordering Provider: Watkins, Elizabeth K, MD

Ordered On: 03/29/21 1144

Dose (Remaining/Total): 10 mg/kg (0/1)

Frequency: X1

Status: Completed (Past End Date/Time)

Starts/Ends: 03/29/21 1145 - 03/29/21 1145

Route: Oral

Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
03/29/21 1145	Given	176 mg	Oral	Performed by: Chapko, Tammy J, RN

Medications at Start of Encounter

	Disp	Refills	Start	End
cetirizine HCl (ZYRTEC PO) (Taking)				
Class: Historical Med				
Route: Oral				

Outpatient Medications at End of Encounter as of 3/29/2021

	Disp	Refills	Start	End
cetirizine HCl (ZYRTEC PO) (Taking)				
Class: Historical Med				
Route: Oral				
ibuprofen (MOTRIN) 100 mg/5 mL suspension (Taking)	354 mL	0	3/29/2021	
Sig - Route: Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain - Oral				
Class: E-Prescribe				

Hospital Medications as of 3/29/2021

	Dose	Frequency	Start	End
ibuprofen (MOTRIN) 176 mg suspension (Completed)	10 mg/kg × 17.5 kg	X1	3/29/2021	3/29/2021
Route: Oral				

ED Arrival Information

Expected	Arrival	Acuity
	3/29/2021 11:09	

Patient:Hovers, Fisher
MRN. 3302624
Acct #: 607362913

Admission Information (continued)

ED Arrival Information (continued)

Expected	Arrival	Acuity
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Means of arrival	Escorted by	Service	Admission type
Walk In	Parent	Urgent Care	Urgent

Arrival complaint
Left thumb Injuries/Cuts

ED Disposition

ED Disposition	Condition	Comment
Discharge		Fisher Hovers discharged to home/self care

Condition at discharge: Good

KWIRE SMOOTH .035MM - LOG743671 - 380354

Date & Time	Field	Old Value	New Value	User
4/2/2021 9:37 AM EDT	IMPLANT NAME		PRE-ALLOCATED - 380354	Chambers, Lateesha M, RN
		PRE-ALLOCATED - 380354	KWIRE SMOOTH .035MM - LOG743671	
4/2/2021 9:37 AM EDT	INVENTORY ITEM		KWIRE SMOOTH .035MM	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SUPPLY TYPE		Implant	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MANUFACTURER		MICROAIRE SURGICAL INSTRUMENTS	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MANUFACTURER NUMBER		1600-935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SUPPLIER CATALOG NUMBER		1600935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	INVENTORY LOCATION		EG OR MAIN-OPTIMELOC	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGEABLE?		Yes	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	COST PER UNIT		2.58	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGE PER UNIT		23.73213	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CHARGE CODE (EAP LINK)		HCHG CHARGE - FIXATION - INTERNAL AND EXTERNAL	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	MODEL NUMBER		1600-935X	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	IMPLANTED BY		Chan, Gilbert, MD	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	STATUS OT		Implanted	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	STATUS		Implanted	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	DATE IMPLANTED		4/2/2021	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	IMPLANT LOG NUMBER		Log 743671	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	PATIENT ID		HOVERS,FISHER	Chambers, Lateesha M, RN

Patient:Hovers, Fisher
MRN. 3302624
Acct #: 607362913

Admission Information (continued)

KWIRE SMOOTH .035MM - LOG743671 - 380354 (continued)

Date & Time	Field	Old Value	New Value	User
4/2/2021 9:37 AM EDT	LATERALITY OF IMPLANTATION		Left	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	NUMBER IMPLANTED		1	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	CONTACT LOG		Log 743671	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	SURGERY CSN		49284281	Chambers, Lateesha M, RN
4/2/2021 9:37 AM EDT	LINKED TO UNFINISHED LOG?		Yes	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	TISSUE?		No	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	SMDA?		No	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	AREA OF IMPLANTATION		Thumb	Chambers, Lateesha M, RN
4/2/2021 9:38 AM EDT	IS TEMPORARY RECORD?		No	Chambers, Lateesha M, RN
4/2/2021 2:31 PM EDT	LINKED TO UNFINISHED LOG?	Yes	No	Flack, Bonnie L, RN

Patient Flowsheet Data

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded)

Ht/Wt - Mon March 29, 2021

Row Name	1140				
Weight	17.5 kg				
	-TC at 03/29/21 1140				
Weight (Dosing)	17.5 kg				
	Filed from first-documented Weight (Recorded).				
	-TC at 03/29/21 1140				
Weight (Actual) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				
Weight (Dosing) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				

Intake Questionnaire - Mon March 29, 2021

Row Name	1140				
Weight	17.5 kg				
	-TC at 03/29/21 1140				
Kcal/kg/d	0				
	-TC at 03/29/21 1140				
ml/kg/d	0				
	-TC at 03/29/21 1140				

Custom Formula Rows Only - Mon March 29, 2021

Row Name	1140	1142			
Weight Change Since Admission	0				
	-TC at 03/29/21 1140				
Blood Cx Optimal Volume	14				
	-TC at 03/29/21 1140				
Appropriate Bottles	if >=6mL obtained, split between 2 Aerobic/Anaerobic bottles				
	-TC at 03/29/21 1140				
Weight (Dosing) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				
10/KG	175				
	-TC at 03/29/21 1140				
15/KG	262.5				
	-TC at 03/29/21 1140				
20/KG	350				
	-TC at 03/29/21 1140				
Weight	17.4998582525372				
	7958				
	-TC at 03/29/21 1140				
5/KG	87.5				
	-TC at 03/29/21 1140				
Weight (Actual) *To 3 Decimals*	17.5 kg				
	-TC at 03/29/21 1140				
Solids - Protein Gm/kg	0 Gm/Kg				
	-TC at 03/29/21 1140				
Metric Temp		36.9			
		-TC at 03/29/21 1142			

Screening - Mon March 29, 2021

Row Name	1140	1142	1143		
Do you immunize your child?			Yes		
			-TC at 03/29/21 1143		
Has your child recently been exposed to any			No		
			-TC at 03/29/21 1143		

Patient: Hovers, Fisher
 MRN: 3302624
 Acct #: 607362913

Flowsheets (all recorded) (continued)

Screening - Mon March 29, 2021 (continued)

Row Name	1109	1140	1143
contagious diseases (Measles, Meningitis, Hepatitis, Chicken Pox, TB, Pertussis or anything else)?			
PPE used	—	Surgical mask, Goggles, Gloves -TC at 03/29/21 1140	—
3. Has the child or close contact of the child traveled outside the United States in the past 21 days?	No -SC at 03/29/21 1109	—	No -TC at 03/29/21 1143
1. Does the child have or has the child had a cough WITH or WITHOUT a fever?	No -SC at 03/29/21 1109	—	—
2. Does the child have or has the child had a fever AND rash?	No -SC at 03/29/21 1109	—	—
4. Has the child had close contact with another ill person for 10 mins or more?	No -SC at 03/29/21 1109	—	—

Screening Complete - Mon March 29, 2021

Row Name	1109	1144
Screening	—	Screening Complete -TC at 03/29/21 1144
Destination	Fracture Care -SC at 03/29/21 1109	Fracture Care -TC at 03/29/21 1144

Arrival Documentation/Screening Begin - Mon March 29, 2021

Row Name	1140
Screening Start	Start -TC at 03/29/21 1140
PPE used	Surgical mask, Goggles, Gloves -TC at 03/29/21 1140

Charge Audit for Lab/Rad Techs - Mon March 29, 2021

Row Name	1706
Charge Audit Status	Rad Done -SR at 03/29/21 1706

Last Seen - Mon March 29, 2021

Row Name	1142
Has the child been seen by a provider in the last 24 hours	No -TC at 03/29/21 1142

Patient Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Last Seen - Mon March 29, 2021 (continued)

Row Name	1142				
for this complaint					

Armbands - Mon March 29, 2021

Row Name	1142				
Armband placement	Patient ID				
	-TC at 03/29/21 1142				

Measurements - Mon March 29, 2021

Row Name	1140				
Weight	17.5 kg				
	-TC at 03/29/21 1140				
Weight Measurement Method	Standing Scale				
	-TC at 03/29/21 1140				
Weight (Dosing)	17.5 kg Filled from first-documented Weight (Recorded).				
	-TC at 03/29/21 1140				

Neurovascular/Musculoskeletal - Mon March 29, 2021

Row Name	1143	12:26:09			
Peripheral Vascular WDL	Yes	Yes			
	-TC at 03/29/21 1143	-TP at 03/29/21 1226			
MS WDL	No	—			
	-TC at 03/29/21 1143				
ROM / Extremity Position	— left thumb injury	—			
	-TC at 03/29/21 1143				

Splinting - Mon March 29, 2021

Row Name	1143	12:26:09			
Splint Applied?	—	Yes			
		-TP at 03/29/21 1226			
Splint Types	—	Left Thumb Spica			
		-TP at 03/29/21 1226			
Padding Applied with Application	—	Cotton			
		-TP at 03/29/21 1226			
Padding Applied to Bony Prominences?	—	Yes			
		-TP at 03/29/21 1226			
Peripheral Vascular WDL	Yes	Yes			
	-TC at 03/29/21 1143	-TP at 03/29/21 1226			

Discharge Information - Mon March 29, 2021

Row Name	1251				
General Patient Education	After Visit Summary (AVS)				
	Reviewed; DC Instructions				
	Reviewed by Provider; Patient/Family verbalized understanding				
	-TP at 03/29/21 1252				
Care Specific Patient and Family Education	Orthopedic injuries; Parent/guardian verbalized understanding				
	-TP at 03/29/21 1252				

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Destination - Mon March 29, 2021

Row Name	1109	1144
Destination	Fracture Care -SC at 03/29/21 1109	Fracture Care -TC at 03/29/21 1144

Medication Preferences - Mon March 29, 2021

Row Name	1143
Prefers medications	Liquid -TC at 03/29/21 1143

Symptom Screening - Mon March 29, 2021

Row Name	1109	1143
1. Does the child have or has the child had a cough WITH or WITHOUT a fever?	No -SC at 03/29/21 1109	---
2. Does the child have or has the child had a fever AND rash?	No -SC at 03/29/21 1109	---
3. Has the child or close contact of the child traveled outside the United States in the past 21 days?	No -SC at 03/29/21 1109	No -TC at 03/29/21 1143
4. Has the child had close contact with another ill person for 10 mins or more?	No -SC at 03/29/21 1109	---

Vitals/Pain/Provider Notification - Mon March 29, 2021

Row Name	1140	1142	12:52:39
Temp	---	36.9 °C -TC at 03/29/21 1142	---
Temp src	---	Temporal -TC at 03/29/21 1142	---
Pain Scale	---	FACES -TC at 03/29/21 1142	---
Pain Intensity Rating	---	2 -TC at 03/29/21 1142	0 -TP at 03/29/21 1252
PPE used	Surgical mask; Goggles; Gloves -TC at 03/29/21 1140	---	---

Charge Audit for Nurse/MA - Mon March 29, 2021

Row Name	1252
Charge Audit Status	Nurse/MA Done -TP at 03/29/21 1252

Abuse/Neglect/Behavioral & Mental Health Screening - Mon March 29, 2021

Row Name	1143
Introductory Statement:	Children's is committed to the health and safety of you and your child. It is important to us

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Flowsheets (all recorded) (continued)

Abuse/Neglect/Behavioral & Mental Health Screening - Mon March 29, 2021 (continued)

Row Name	1143
	that we ask these questions to better understand your specific needs. -TC at 03/29/21 1143
Is there anyone in your life that poses a threat to the safety of you or anyone else in your home?	No -TC at 03/29/21 1143
Do you have safety concerns about your child hurting themselves or others?	No -TC at 03/29/21 1143
Have you (CHOA staff) observed anything that prompts concerns of potential abuse/neglect (i.e. physical/behavioral signs of abuse or parent/guardian to child interactions)?	No -TC at 03/29/21 1143

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
SC	Craig, Shaneka M, PCT	09/10/20 - 03/31/21
TP	Patterson Garner, Tara E, RN	09/10/20 -
TC	Chapko, Tammy J, RN	09/10/20 -
SR	Ritchie Johnson, Stacey Ann H, RT	03/29/21 - 03/29/21

Outpatient Fall Risk Score

No data filed

Intrathecal Pump

No data filed

Cardiac Services

Pacemaker/ICD General Parameters

No data filed

HSD NIC INITIAL/FINAL PACER V3

No data filed

Telephone Encounter Summary

Call Information

Department	Center
3/29/2021 11:41 AM	Hudson Bridge Uc

Reason for Call

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Telephone Encounter Summary (continued)

Reason for Call (continued)

Hand Complaint

Ed Notes

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM

Author: Watkins, Elizabeth K, MD Service: Urgent Care Author Type: Physician
Filed: 3/29/2021 12:29 PM Date of Service: 3/29/2021 11:58 AM Status: Addendum
Editor: Watkins, Elizabeth K, MD (Physician)
Related Notes: Original Note by Watkins, Elizabeth K, MD (Physician) filed at 3/29/2021 12:21 PM
Procedure Orders
1. Splinting, Casting, Strapping [210194076] ordered by Watkins, Elizabeth K, MD

Name: Fisher Hovers DOB: 8/31/2017 Age: 3y Sex: male

Hospital #: 607362913 MRN: 3302624 Room/Bed: UC 03/03

Attending Provider: Watkins, Elizabeth K, MD Admission Date/Time: 3/29/2021 11:41 AM

Final diagnoses:
[W23.0XXA] Caught, crushed, jammed, or pinched between moving objects, initial encounter (Primary)
[S62.512A] Closed displaced fracture of proximal phalanx of left thumb, initial encounter

Chief Complaint

Chief Complaint

Patient presents with:

- Hand Complaint

History of Present Illness

3yo M here for evaluation of L thumb pain

No meds yet.

Review of Systems

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.

Gastrointestinal: Negative for vomiting.

Musculoskeletal: Positive for arthralgias and joint swelling.

Skin: Negative for color change and rash.

Past Medical History

No past medical history on file.

No past surgical history on file.

Social History

No family history on file.

CHOA**CONFIDENTIAL MEDICAL RECORD COPY**

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Ed Notes (continued)

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM (continued)

History

Reviewed By	Date/Time	Sections Reviewed
Watkins, Elizabeth K, MD	3/29/2021 12:00 PM	Medical, Surgical, Family
Watkins, Elizabeth K, MD	3/29/2021 11:47 AM	Medical, Surgical, Family
Chapko, Tammy J, RN	3/29/2021 11:42 AM	Medical

Allergy and Medications

ALLERGIES - No Known Allergies

Medications -

Patient's Medications

New Prescriptions

IBUPROFEN (MOTRIN) 100 MG/5 ML SUSPENSION	Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain
---	---

Previous Medications

CETIRIZINE HCL (ZYRTEC
PO)

Modified Medications

No medications on file

Discontinued Medications

No medications on file

Physical Exam

Temp 36.9 °C (Temporal) | Wt 17.5 kg

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is active. He is not in acute distress.

Appearance: Normal appearance.

HENT:

Head: Normocephalic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Pulses: Pulses are strong.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress, nasal flaring or retractions.

Abdominal:

Tenderness: There is no abdominal tenderness. There is no guarding.

Musculoskeletal:

General: Swelling, tenderness and signs of injury present. Normal range of motion.

Comments: L thumb swelling, ecchymosis,

Skin:

General: Skin is warm and moist.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Ed Notes (continued)

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM (continued)

Capillary Refill: Capillary refill takes less than 2 seconds.

Findings: No rash.

Neurological:

Mental Status: He is alert.

Motor: No abnormal muscle tone.

UC Course

Splinting, Casting, Strapping

Date/Time: 3/29/2021 12:20 PM

Performed by: Patterson Garner, Tara E, RN

Authorized by: Watkins, Elizabeth K, MD

Consent:

Consent obtained: Verbal

Consent given by: Parent

Risks discussed: Pain, swelling, discoloration and numbness

Alternatives discussed: No treatment

Pre-procedure details:

Sensation: Normal

Procedure details:

Laterality: Left

Location: Finger

Finger: L thumb

Splint type: Thumb spica

Supplies: Cotton padding, elastic bandage and Ortho-Glass

Post-procedure details:

Pain: Improved

Sensation: Normal

Patient tolerance of procedure: Tolerated well, no immediate complications

Impression: Left-sided proximal phalanx thumb fracture, angulated and displaced, will place in a thumb spica splint and follow-up with hand on call is Dr. Mom to call in the next 3 to 5 days. Ibuprofen for pain. Definitive care for stabilization and initial management was provided today for the patient. I have examined splint placed under my supervision. The placement is appropriate. The affected extremity has normal perfusion and there is normal movement of affected digits. There is no numbness or tingling or pallor or cyanosis of affected extremity.

Diagnosis

The primary encounter diagnosis was Caught, crushed, jammed, or pinched between moving objects, initial encounter. A diagnosis of Closed displaced fracture of proximal phalanx of left thumb, initial encounter was also pertinent to this visit.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Ed Notes (continued)

ED Provider Notes by Watkins, Elizabeth K, MD at 3/29/2021 11:58 AM (continued)

Results and Interpretations

FINGER(S) MIN 2V

Final Result

IMPRESSION: Displaced and angulated fracture of the proximal phalanx of the thumb.

No results found for this visit on 03/29/21.

Watkins, Elizabeth K, MD
03/29/21 1221

Watkins, Elizabeth K, MD
03/29/21 1229

All Other Notes

No notes exist for this encounter.

Patient Education

Patient Education

No education to display

Hovers, Fisher

Hovers, Fisher does not have an active treatment plan of type CHEMOTHERAPY in this episode.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

All Orders

cetirizine HCl (ZYRTEC PO) [210194062] Patient-reported historical medication

Ordering date: 03/29/21 1143
Ordering mode: Standard
Frequency: - Until Discontinued
Authorized by: Admission, Medications Prior To

Neurovascular Assessment [210194063]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147
Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode
Ordering user: Chapko, Tammy J, RN 03/29/21 1144
Authorized by: Watkins, Elizabeth K, MD
Communicated by: Chapko, Tammy J, RN
Ordering provider: Watkins, Elizabeth K, MD
Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)
Status: Completed
Frequency: now 03/29/21 1144 - 1 occurrence
Order comments: Of effected extremity.

Cold Pack [210194064]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147
Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode
Ordering user: Chapko, Tammy J, RN 03/29/21 1144
Authorized by: Watkins, Elizabeth K, MD
Communicated by: Chapko, Tammy J, RN
Ordering provider: Watkins, Elizabeth K, MD
Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)
Status: Completed
Frequency: now 03/29/21 1144 - 1 occurrence
Order comments: If injury is less than 24 hours old.

Elevate Extremity [210194065]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147
Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode
Ordering user: Chapko, Tammy J, RN 03/29/21 1144
Authorized by: Watkins, Elizabeth K, MD
Communicated by: Chapko, Tammy J, RN
Ordering provider: Watkins, Elizabeth K, MD
Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)
Status: Completed
Frequency: ongoing 03/29/21 1144 - Until Specified
Order comments: When possible.

ibuprofen (MOTRIN) 176 mg suspension [210194066]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1147
Mode: Ordering in ED/UC Caregiver Initiated Protocol (Doctor Cosign) mode
Ordering user: Chapko, Tammy J, RN 03/29/21 1144
Authorized by: Watkins, Elizabeth K, MD
Communicated by: Chapko, Tammy J, RN
Ordering provider: Watkins, Elizabeth K, MD
Ordering mode: ED/UC Caregiver Initiated Protocol (Doctor Cosign)
Status: Completed
Frequency: Once 03/29/21 1145 - 1 occurrence
Medication Dose: 10 mg/kg x 17.5 kg
Package: 45802-952-43

FINGER(S) MIN 2V [210194070]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1148
Ordering user: Watkins, Elizabeth K, MD 03/29/21 1148
Authorized by: Watkins, Elizabeth K, MD
Frequency: Imaging Once 03/29/21 1149 - 1 occurrence
Ordering provider: Watkins, Elizabeth K, MD
Ordering mode: Standard
Status: Completed

Questionnaire

Question	Answer
Reason for Study:	finger injury L thumb
Left/Right?	left
On oxygen?	No
IV?	No

Order comments: Supervising Provider.

Thumb Spica Splint Application Left [210194072]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1211
Status: Completed
CHOA**CONFIDENTIAL MEDICAL RECORD COPY**
Page 15

Patient:Hovers, Fisher
MRN: 3302624
Acct # 607362913

All Orders (continued)

Thumb Spica Splint Application Left [210194072] (continued)

Ordering user: Watkins, Elizabeth K, MD 03/29/21 1211 Ordering provider: Watkins, Elizabeth K, MD
Authorized by: Watkins, Elizabeth K, MD Ordering mode: Standard
Frequency: now 03/29/21 1212 - 1 occurrence

Questionnaire

Question	Answer
Left/Right/Bilateral:	Left

Ibuprofen (MOTRIN) 100 mg/5 mL suspension [210194074]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1219 Status: Active
Ordering user: Watkins, Elizabeth K, MD 03/29/21 1219 Ordering provider: Watkins, Elizabeth K, MD
Authorized by: Watkins, Elizabeth K, MD Ordering mode: Standard
PRN reasons: mild pain
Frequency: every 6 hours prn 03/29/21 - Until Discontinued Medication Dose: 10 mg/kg x 17.5 kg (Dosing Weight)

Splint Application [210194075]

Electronically signed by: Watkins, Elizabeth K, MD on 03/29/21 1220 Status: Completed
Ordering user: Watkins, Elizabeth K, MD 03/29/21 1220 Ordering provider: Watkins, Elizabeth K, MD
Authorized by: Watkins, Elizabeth K, MD Ordering mode: Standard
Frequency: Once 03/29/21 1221 - 1 occurrence
Order comments: This order was created via procedure documentation

Clinical Lab Results

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Lab, Radiology, ECG/EMG, and Cardiac Results

FINGER(S) MIN 2V [210194071] Resulted: 03/29/21 1150, Result status: In process
Resulted by: Tuburan, Smyrna, MD Performed: 03/29/21 1150 - 03/29/21 1207
Accession number: 6545024

FINGER(S) MIN 2V [210194071] Resulted: 03/29/21 1212, Result status: In process
Resulted by: Tuburan, Smyrna, MD Performed: 03/29/21 1150 - 03/29/21 1207
Accession number: 6545024

FINGER(S) MIN 2V [210194071] Resulted: 03/29/21 1217, Result status: Final result
Resulted by: Tuburan, Smyrna, MD Performed: 03/29/21 1150 - 03/29/21 1207
Accession number: 6545024 Resulting lab: INBOUND IBEX LAB RAD QUESTIONS

Narrative:

EXAMINATION: FINGER(S) MIN 2V

INDICATION: finger injury left thumb

PROCEDURE: PA view of the left hand and two views of the left thumb.

COMPARISON: None.

FINDINGS: Displaced fracture of the distal aspect of the proximal phalanx of the thumb is present. There is approximately 45 degrees of dorsal angulation of the distal fracture fragment. Vertical component lucency is seen of the mid aspect of the proximal phalanx likely fracture continuation. No definite dislocation. Regional soft tissue swelling is present.

Impression:

IMPRESSION: Displaced and angulated fracture of the proximal phalanx of the thumb.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1009 - IBEX ORDERS	INBOUND IBEX LAB RAD QUESTIONS	Unknown	Unknown	08/05/09 1006 - Present

Pathology Reports

Pathology Results

No results found

Discharge Instructions

AVS

After Visit Summary printed by Watkins, Elizabeth K, MD on 3/29/2021 12:21 PM

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

AFTER VISIT SUMMARY

Fisher Hovers MRN: 3302624

3/29/2021 9:43 AM - Athens Bridge Urgent Care 404-785-5437



INSTRUCTIONS

Your personalized instructions can be found at the end of this document.



See your updated medication list for details.



Fracture, Thumb, Splinted, KidsHealth (English)



Ibuprofen (MOTRIN)
3470 Peachtree St NE, 4th Floor, Atlanta, GA 30326
770-786-4855

Today's Visit

Visit was performed by: Elizabeth K. Watkins, MD

Diagnosis

- Caught, crushed, jammed, or pinched between moving objects, initial encounter
- Closed displaced fracture of proximal phalanx of left thumb, initial encounter

Medications Given

Ibuprofen (MOTRIN) 100 mg tablet 11 to 15 mL

Weight
17.5 kg

What's Next

You currently have no upcoming appointments scheduled.

Primary Care Provider

Primary Care Provider
Jalene L. Davis, MD

Phone
678-583-9071

Fax
678-583-9319

Fisher Hovers (MRN: 3302624) • Printed at 3/29/21 12:21 PM

Page 1 of 12 Epic

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Your Medication List



Ibuprofen 100 mg/5 mL suspension
NCHRN

Take 8.8 mL (176 mg) by mouth every 6 hours as needed for mild pain

ZYRTEC PO

MYchart Sign-Up

What is MYchart?

MYchart is our free tool that provides quick, convenient online access to your child's medical records using your computer or mobile device. With MYchart, you can:

- Access your child's medical records
- Request appointments
- Request prescription renewals
- Communicate with your child's healthcare team

How do I sign up?

To request an access code or find out more, go to choa.org/MYchart.
For additional assistance, please call 404-785-7844.

COVID-19 for Families

COVID-19 Guidance for Families – adapted from CDC.gov

The best ways to prevent illness are to avoid being exposed through social distancing and to use hand hygiene frequently.

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Older adults and others who have chronic medical conditions (like heart or lung disease or diabetes) may be more likely to have serious complications from COVID-19. Maintaining social distance and using hand hygiene can help to protect everyone.

Take steps to protect yourself:

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing or sneezing.
- If you do not have soap and water, use an alcohol-based gel or foam that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose and mouth with unwashed hands.

Discharge Instructions (continued)

AVS (continued)

Avoid close contact

- **Avoid close contact** with people who are sick
- If you must leave home, be sure to follow "Social distancing" by staying at least 6 feet away from others. Also keep up with local, state and federal guidelines on where you are allowed to go during this time.

Take steps to protect others:

Stay home if you are sick

- **Stay home** if you are sick, except to get medical care. Call your pediatrician's office if you think you have been exposed or may have symptoms of COVID-19 for further guidance on the best way to receive care. Do not go to the emergency department simply to get tested. Please do use the emergency department for true health emergencies
- Most children can be cared for at home who have symptoms of a COVID-19 infection. You may visit our website www.choa.org and click on the COVID-19 hub for information. Within this hub, you may use our COVID-19 Pediatric Assessment tool. This is an online assessment tool that helps parents answer two questions: What should I do if my child has a fever and/or cough? What should I do if my child has been around someone with COVID-19, but my child has no symptoms?
- If you have children who are mildly symptomatic or ill and do not require medical treatment, the recommendation is to remain at home. At this time the recommendation for any individual who is ill or concerned they may have COVID-19 is to remain at home for 10 days from onset of symptoms provided there has been at least 1 day of no fever (without fever-reducing medication) and significantly improving symptoms.
- **Urgent concerns require immediate medical attention.** Other symptoms that may require medical attention include difficulty breathing, fast breathing even when there is no fever present; continued coughing with in-pulling of chest; inconsolable crying; decreased drinking of fluids with reduced urine output; no tears when crying or a change in behavior that is concerning.
 - If you have concerns regarding your child's symptoms, please call your pediatrician or call the Children's Nurse Advice Line at 404-785-KIDS.
 - If your child develops emergency warning signs, seek medical attention immediately. Emergency warning signs include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face.

Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Wash your hands with soap and water for at least 20 seconds right away. If you do not have soap and water, use an alcohol-based gel or foam that contains at least 60% alcohol.

Wear a facemask or cloth face covering

- If you are sick: Wear a facemask when you are in close contact with other people (like in a room or car) and if you must leave your home. Remember to stay home, except to seek medical care.
- Even if you are not sick: Wear a cloth face covering over your nose and mouth in public. This is advised in addition to social distancing, frequent hand hygiene and other methods for preventing the spread of illness. Note that medical masks and N-95 respirators should only be used by health care providers and first responders.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces every day.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks
- **If surfaces are dirty, clean them.** Use detergent or soap and water before disinfecting them.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

It is still recommended that you:

- Have an adequate supply of medicine on hand.
- Continue routine medical care such as visits for chronic diseases and recommended vaccines. Doctors offices at Children's and elsewhere in the community are prepared to care for children at this time.

For more information, you may go to www.cdc.gov/covid19

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Instructions

It was a pleasure taking care of Fisher in the Urgent Care Clinic today. Please follow up with your primary care provider as discussed, or if there are any questions or concerns.

Hand Program

When your patient has an injury or condition of the hands, arms, wrists or shoulders, early treatment can make all the difference. Our team specializes in diagnosing and treating pediatric hand and upper extremity conditions, including overuse injuries and sprains as well as the following:

- Amputation
- Brachial Plexus Injuries
- Burns
- Congenital hand deformities
- Fingertip crush
- Fractures
- Ganglions (cyst near joint or tendon)
- Nerve injuries
- Sport injuries of the hand and upper extremities
- Tendon lacerations
- Trigger thumb and fingers

Pediatric orthopaedic hand surgeons

- Bronner Costas, MD, The Hand and Upper Extremity Center of Georgia, PC
- Bryce Gillespie, MD, The Hand and Upper Extremity Center of Georgia, PC
- Jeffrey Klugman, MD, The Hand and Upper Extremity Center of Georgia, PC
- Gary Lourie, MD, The Hand and Upper Extremity Center of Georgia, PC
- Allan Peljovich, MD, The Hand and Upper Extremity Center of Georgia, PC
- Joshua Ratnot, MD, The Hand and Upper Extremity Center of Georgia, PC
- Erika Templeton, MD, The Hand and Upper Extremity Center of Georgia, PC

Call 404-255-0226 to make an appointment at any one of the locations listed below.

Locations

The Hand and Upper Extremity Center of Georgia, PC offers clinics in the following locations.

Atlanta	Forsyth	North Fulton	Midtown
960 Johnson Ferry Rd Suite 1020 Atlanta, GA 30342	2000 Howard Farm Dr Suite 310 Cumming, GA 30041	3400A Old Milton Pkwy Suite 350 Alpharetta, GA 30005	1115 West Peachtree St Suite 1050 Atlanta, GA 30309

Call the Hand Program at 404-785-HAND for more information.

Visit choa.org/hand for details about this program.

Pediatric orthopaedic surgeons participating in the Children's Healthcare of Atlanta Hand Fracture Care Program are fellowship-trained orthopaedic surgeons and active members of the Children's Professional Staff.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Some physicians and affiliated healthcare professionals on the Children's Healthcare of Atlanta team are independent providers and are not our employees.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

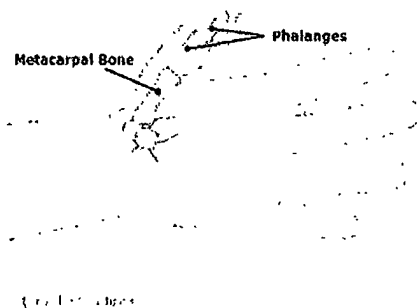
AVS (continued)

Attached Information

Fracture Thumb Splint and Splint Health (English)

Broken Thumb and a Splint: How to Care for Your Child

A broken thumb means one or more of the bones of the thumb has a fracture or crack. A splint keeps the broken bone from moving while it heals. Taking good care of the splint or tape and treating pain will help keep your child comfortable while healing.



To decrease swelling:

- Prop up the hand on pillows when your child is sitting down or sleeping.
- If your child was given a sling, use it as directed. Don't use the sling during sleep.
- Remind your child to wiggle the uninjured fingers to keep blood circulating normally.

If your child has pain:

- When your child is awake, put ice in a plastic bag wrapped in a towel on the thumb for 20 minutes every 3 hours for up to 2 days. Don't put ice directly on the skin.
- Use these medicines exactly as directed:
 - acetaminophen (such as Tylenol® or a store brand) OR
 - ibuprofen (such as Advil®, Motrin® or a store brand). Don't give to babies under 6 months old.

Daily care for the splint:

- Don't remove or change the position of the splint unless the health care provider said it's OK.
- Check the area around the splint. Make sure the skin isn't scratched, and the thumb and fingers aren't pale, blue, numb or tingling.
- Make sure your child doesn't pick or scratch under the splint.
- Don't put anything in the splint. Make sure your child doesn't put toys, food or other objects into it.
- Keep dirt, sand, lotion and powder away from the splint.
- Keep the splint dry:
 - Put a plastic covering over the splint when your child bathes.
 - If the splint is accidentally splashed, gently blow air onto it from a hair dryer on the cool setting.

Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

When to call the doctor:

- Pain doesn't improve with medicine.
- Blisters, rashes, or raw spots appear on the skin around the splint.
- A foul smell or drainage comes from the splint.
- Your child gets a fever while the thumb is healing.

When to use EFT:

- The splint feels too tight, or your child's thumb is pale, cold, numb, or tingly.
- The splint is cracked, becomes loose, gets wet or falls off.

How to use it:

Which bone is broken in a thumb fracture? A thumb fracture is a break or crack in one or more of three bones:

- Two of the bones (called phalanges) are in the thumb.
- One bone (called a metacarpal bone) is in the hand. It connects the phalanges to the wrist and helps give the thumb the ability to move around a lot.

How long will it take a broken thumb to heal? Most broken thumbs get better in 4-8 weeks with a splint. Your child will have one or more follow-up visits with a health care provider who specializes in the care of bones. During these follow-ups, the health care provider will check to make sure the thumb is healing well. Sometimes a fracture needs surgery to bring the broken pieces of bone together.

When can my child return to sports? The health care provider will tell you when it's OK for your child to return to sports. Your child may need to wear protective hand gear or taping for sports for a few weeks or possibly longer.



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Patient: Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Fisher Hovers

MRN: 3302624

Department: Hudson Bridge Urgent Care

Date of
Visit:
3/29/2021

Diagnostic Studies (lab and radiology)

If laboratory and/or radiographic studies were done during your child's visit to our urgent care center, the results are available to your child's doctor through "AccessCHOA". If your child's doctor cannot access the results through "AccessCHOA", please have them contact the urgent care facility where your child was seen.

Follow-up:

Please notify your child's Primary Care Physician of your visit to the Urgent Care Center. If you do not have a Primary Care Physician and would like one, please call: 404-785-KIDS. For more information on services that are offered at Children's Healthcare of Atlanta please visit www.choa.org.

GA Crisis Line / National Suicide Prevention Line

Crisis Help Phone Line:

The Georgia Crisis Access Line: 800-715-4225

National Suicide Prevention Lifeline:

National Suicide Prevention Lifeline: 800-273-8255

Follow-up: Lab/Radiology Results

When you or your child has had lab work and/or x-ray's that require additional treatment, you will be contacted by our staff.

Labs:

If your child had lab tests done today, you will be contacted if any additional treatment is needed.

- Urine Culture (3 -5 days)
- Wound Culture (3 -5 days)
- Blood Culture (within a week)

If lab results were sent to an Outside Lab, there may be a separate bill.

Radiology Test:

If your child had an x-ray today, it will be reviewed within 24 hours by a radiologist. You will be contacted **ONLY** if a change in treatment is necessary. There will be a separate bill from the Radiologist.

Care Everywhere ID

CHA-579-793Z

Instructions Reviewed with Verbalization of Understanding

Fisher Hovers (MRN: 3302624) • Printed at 3/29/21 12:21 PM

Page 9 of 12 **Epic**

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

The discharge instructions have been reviewed with the parent/legal guardian assuming responsibility for care of the patient ~~and a printed copy was given to him/her~~. All questions have been answered and the parent/legal guardian states that he/she will be able to provide the appropriate care. Medication teaching for the discharge medications listed on this form was provided.

The parent/legal guardian was reminded to discard old medications lists and update their records. The parent/legal guardian assuming responsibility for the patient states that he/she has read and understands the medication information and has had an opportunity to ask questions which have been answered to their satisfaction.

Disclaimer

I understand that my child has had acute treatment only and that he/she may be released before all medical problems are known or treated. I will arrange for follow-up care as needed.

___ total number pages of discharge instructions provided to the parent/legal guardian.

Script to Family

"PLEASE LET US KNOW ABOUT YOUR VISIT. YOU MAY RECEIVE A SURVEY FROM US REGARDING YOUR VISIT TO THE EMERGENCY DEPARTMENT/ URGENT CARE CENTER. PLEASE SUBMIT YOUR RESPONSE AS YOUR FEEDBACK HELPS US TO IMPROVE OUR SERVICE."

Thanks for Choosing Us to Care for Your Child, visit us at www.choa.org/thankyou.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

AVS (continued)

Hudson Bridge Urgent Care
1510 Hudson Bridge Road
Stockbridge GA 30281
Phone: 404-785-5437

Fisher Hovers

MRN 3302624

Department: Hudson Bridge Urgent Care

Date of
Visit:
3/29/2021

Medication Safety Information

- Call the doctor if you have questions about the medicines.
- When you pick up medicines at the drug store.
 - Read each label closely.
 - Be sure to ask if you have any questions about the medicines or how to give it.
- Always read the label each time you give medicine to your child. Make sure you have the right medicine, the right amount and the right strength.
- Do not use a kitchen spoon to measure your child's liquid medicine. Use a medicine syringe or measuring spoon made just for giving liquid medicines to a child. You can get one at your drug store.
- Keep all medicines in their labeled containers. Store them in a locked cupboard that your child can not reach.
- Throw away all medicines once they expire. The date is on the container. Also, throw away all medicines once your child finishes the dose the doctor prescribes.
- Keep a current list of your child's medicines. Share the list with his doctors.

Patient:Hovers, Fisher
MRN: 3302624
Acct # 607362913

Discharge Instructions (continued)

AVS (continued)

School Excuse



Certificate to Return to School/Day Care/Work
(Certificado para regresar a la Escuela/Guardería Infantil/Trabajo)

03/29/21
12:21 PM

Fisher Hovers has had a medical visit today in a Children's Urgent Care Center.
Please take this into consideration when reviewing their absence.

Physician or Nurse's Signature

Patient-Level E-Signatures:

No documentation.

Patient:Hovers, Fisher
MRN: 3302624
Acct #: 607362913

Discharge Instructions (continued)

Encounter-Level E-Signatures:

No documentation.

Hospital Account-Level E-Signatures:

No documentation.

Remit payment to:
Pediatric Orthopaedic Associates
6 Executive Park Dr
Suite 10
Atlanta, GA 30329-2224
USA
(404) 321-9900

Patient Receipt
Friday, May 7, 2021

Amount Due	Amount Paid

Gena Hovers
166 Aubree Way
Loganville, GA 30352

Employer ID 582212065
 Provider ID

Date	Description	Check #	Fee	Units	Insurance	Patient
	Fisher Hovers(234359)/Poh Lim NP/STO062162 Displaced fracture of proximal phalanx of left thumb, initial encounter for closed fracture (S62.512A)					
03/31/2021	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making. (99203)		\$226.00	1.0		
03/31/2021	Payment from Hovers, Fisher					
04/12/2021	Disallowed Adjustment from Cigna HMO	210406090015				
04/12/2021	Payment from Cigna HMO	210406090015				
04/12/2021	Transfer from Insurance	210406090015				
	Per your insurance company the balance is the patient's responsibility.					
04/12/2021	Transfer from Insurance	210406090015				
04/12/2021	The remaining balance is your copayment.					
04/12/2021	Payment from Hovers, Gena					
	Balance:					(\$205.00)
	Fisher Hovers(234359)/Poh Lim NP/STO062200					
04/01/2021	Payment from Hovers, Fisher					
	Balance:					(\$261.15)
	Fisher Hovers(234359)/Gilbert Chan MD/EGL018952 Displaced fracture of left radial styloid process, initial encounter for closed fracture (S52.512A)					
04/02/2021	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, each (26727 FA)		\$1,575.00	1.0		
04/16/2021	Disallowed Adjustment from Cigna HMO	210410090019				
04/16/2021	Payment from Cigna HMO	210410090019				
04/16/2021	Transfer from Insurance	210410090019				
	Per your insurance company the balance is the patient's responsibility.					
04/16/2021	Transfer from Insurance	210410090019				
	This amount is applied to co insurance. The balance is your responsibility. Thank you.					
	Balance:					\$214.05
	Fisher Hovers(234359)/Poh Lim NP/STO062261 Displaced fracture of proximal phalanx of left thumb, initial encounter for closed fracture (S62.512A)					
04/07/2021	Radiologic examination, finger(s), minimum of two views (73140 LT)		\$109.00	1.0		

04/07/2021	Postoperative follow-up visit, included in global service (99024)	\$0.00	1.0	
04/16/2021	Disallowed Adjustment from Cigna HMO	210410090019		
04/16/2021	Payment from Cigna HMO	210410090019		
04/16/2021	Transfer from Insurance	210410090019		
	Per your insurance company the balance is the patient's responsibility.			
04/16/2021	Transfer from Insurance	210410090019		
	This amount is applied to co insurance. The balance is your responsibility. Thank you.			
	Balance:			<u>\$14.44</u>
	Fisher Hovers(234359)/Gilbert Chan MD/ATL168950			
	Displaced fracture of proximal phalanx of left thumb, subsequent encounter for fracture with routine healing (S62.512D)			
04/28/2021	Radiologic examination, finger(s), minimum of two views (73140 LT)	\$109.00	1.0	
04/28/2021	Postoperative follow-up visit, included in global service (99024)	\$0.00	1.0	
	Balance:			<u></u>

Your next appointment is on Wednesday, June 09, 2021 10:00AM with Poh Lim NP at Pediatric Orthopaedic Associates.



CIGNA PPO
P.O. BOX 182223
CHATTANOOGA, TN 37422 7223

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA																																																	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK (LUNG) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) U3283620306																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HOVERS, FISHER										3. PATIENT'S BIRTH DATE MM DD YY 08 31 2017 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F																																																	
5. PATIENT'S ADDRESS (No., Street) 166 AUBREE WAY										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>																																																	
CITY MCDONOUGH					STATE GA					4. INSURED'S NAME (Last Name, First Name, Middle Initial) HOVERS, MARVIN					7. INSURED'S ADDRESS (No., Street) 166 AUBREE WAY																																												
ZIP CODE 30252					TELEPHONE (Include Area Code) (404) 6217070					CITY LOGANVILLE					STATE GA																																												
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER 3330002																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										b. INSURED'S DATE OF BIRTH MM DD YY 07 22 1980 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F																																							
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)										b. OTHER CLAIM ID (Designated by NUCC)																																							
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME CIGNA PPO																																							
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO // yes, complete items 9, 9a, and 9d.																																							
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																							
SIGNED SIGNATURE ON FILE DATE 03 31 2021																				SIGNED SIGNATURE ON FILE																																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR JAIME DAVIS MD										17a. NPI 1538135454										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD (nd)																				22. RESUBMISSION CODE ORIGINAL REF. NO. 7682109506917																																							
A. S62.512A B. C. D. E. F. G. H. I. J. K. L.																				23. PRIOR AUTHORIZATION NUMBER																																							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. PROCESSES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. EPSON Family Plan										I. ID. QUAL										J. RENDERING PROVIDER ID. #									
03312021 03312021 11 99203										226.00										NP1										1942234380																													
2										NP1										NP1										NP1																													
3										NP1										NP1										NP1																													
4										NP1										NP1										NP1																													
5										NP1										NP1										NP1																													
6										NP1										NP1										NP1																													
25. FEDERAL TAX I.D. NUMBER SSN EIN 582212065										26. PATIENT'S ACCOUNT NO. ST0062162										27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										28. TOTAL CHARGE \$ 226.00										29. AMOUNT PAID \$ 0.00										30. Rsvd for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) THOMAS F BYARS MD										32. SERVICE FACILITY LOCATION INFORMATION PEDIATRIC ORTHOPAEDIC ASSOCI 290 COUNTRY CLUB DRIVE SUITE STOCKBRIDGE GA 30281-9022										33. BILLING PROVIDER INFO & PH # 404 3219900 PEDIATRIC ORTHOPAEDIC ASSOCIATES 6 EXECUTIVE PARK DR SUITE 10 ATLANTA GA 30329-2224																																							
SIGNED 05 03 2021 DATE										1609036532										1609036532																																							

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PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



CIGNA PPO
P.O. BOX 182223
CHATTANOOGA, TN 37422 7223

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BOX (LUNG) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> (For Program in Item 1)										1a. INSURED'S I.D. NUMBER U3283620306									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HOVERS, FISHER										3. PATIENT'S BIRTH DATE MM DD YY 08 31 2017 M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
5. PATIENT'S ADDRESS (No., Street) 166 AUBREE WAY										7. INSURED'S ADDRESS (No., Street) 166 AUBREE WAY									
CITY MCDONOUGH					STATE GA					CITY LOGANVILLE					STATE GA				
ZIP CODE 30252					TELEPHONE (Include Area Code) (404) 6217070					ZIP CODE 30352					TELEPHONE (Include Area Code) (404) 6217070				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
SIGNED SIGNATURE ON FILE										SIGNED SIGNATURE ON FILE									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN JAIME DAVIS MD										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (245)										22. RESUBMISSION CODE ORIGINAL REF. NO. 7682109803017									
A. L552 512A B. C. D. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPOUT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #																			
1 04022021 04022021 22 26227 FA A 1575 00 1 NPI 1922263284																			
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX ID. NUMBER SSN EIN 582212065										26. PATIENT'S ACCOUNT NO. EGI018952									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 1575 00									
29. AMOUNT PAID \$ 0 00										30. Fund for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part hereof.) GILBERT CHAN MD 05 03 2021										32. SERVICE FACILITY LOCATION INFORMATION OP CHILDRENS HEALTHCARE OF A 1405 CLIFTON ROAD NE ATLANTA GA 30322-1060									
33. BILLING PROVIDER INFO & PH # 404 3219900										PEDIATRIC ORTHOPAEDIC ASSOCIATES 6 EXECUTIVE PARK DR SUITE 10 ATLANTA GA 30329-2224									

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1 CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



CIGNA PPO
P.O. BOX 182223
CHATTANOOGA, TN 37422 7223

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK (LUNG) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) U3283620306	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HOVERS, FISHER		3. PATIENT'S BIRTH DATE MM DD YY 08 31 2017 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 166 AUBREE WAY		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
CITY MCDONOUGH		CITY LOGANVILLE	
STATE GA		STATE GA	
ZIP CODE 30252		ZIP CODE 30352	
TELEPHONE (Include Area Code) (404) 6217070		TELEPHONE (Include Area Code) (404) 6217070	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. INSURED'S POLICY GROUP OR FECA NUMBER 3330002		12. INSURED'S DATE OF BIRTH MM DD YY 07 22 1980 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED SIGNATURE ON FILE DATE 04 07 2021		14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 8a, and 9d.	
15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED SIGNATURE ON FILE DATE 04 07 2021		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR JAMES DAVIS MD		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S62.512A B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 7682109906009	
23. PRIOR AUTHORIZATION NUMBER		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 CM I. ID. QUAL. J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER 582212065		26. PATIENT'S ACCOUNT NO. ST0062261	
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 109.00	
29. AMOUNT PAID \$ 0.00		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) THOMAS F BYARS MD SIGNED 05 03 2021 DATE		32. SERVICE FACILITY LOCATION INFORMATION PEDIATRIC ORTHOPAEDIC ASSOCI 290 COUNTRY CLUB DRIVE SUITE STOCKBRIDGE GA 30281-9022	
33. BILLING PROVIDER INFO & PH # PEDIATRIC ORTHOPAEDIC ASSOCIATES 6 EXECUTIVE PARK DR SUITE 10 ATLANTA GA 30329-2224		34. BILLING PROVIDER INFO & PH # PEDIATRIC ORTHOPAEDIC ASSOCIATES 6 EXECUTIVE PARK DR SUITE 10 ATLANTA GA 30329-2224	

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CIGNA PPO
P.O. BOX 182223
CHATTANOOGA, TN 37422 7223

HEALTH INSURANCE CLAIM FORM



APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLX (LAW) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) U3283620306	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HOVERS, FISHER		3. PATIENT'S BIRTH DATE MM/DD/YY 08/31/2017 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
5. PATIENT'S ADDRESS (No., Street) 166 AUBREE WAY		4. INSURED'S NAME (Last Name, First Name, Middle Initial) HOVERS, MARVIN	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 166 AUBREE WAY	
CITY MCDONOUGH STATE GA		CITY LOGANVILLE STATE GA	
ZIP CODE 30252 TELEPHONE (Include Area Code) (404) 6217070		ZIP CODE 30352 TELEPHONE (Include Area Code) (404) 6217070	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		11. INSURED'S POLICY GROUP OR FECA NUMBER 3330002	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		a. INSURED'S DATE OF BIRTH MM/DD/YY 07/22/1980 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
SIGNED SIGNATURE ON FILE DATE 04 28 2021		b. OTHER CLAIM ID (Designated by NUCC)	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM/DD/YY QUAL		c. INSURANCE PLAN NAME OR PROGRAM NAME CIGNA PPO	
15. OTHER DATE MM/DD/YY QUAL		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR. JAMES DAVIS MD		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		SIGNED SIGNATURE ON FILE	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Rotate A-4, to service line below (24E)		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YY TO MM/DD/YY	
A. S62 512D B. C. D.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY	
E. F. G. H.		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER		23. PRIOR AUTHORIZATION NUMBER	
1 04282021 04282021 11 73140 LT A 109 00 1		F. \$ CHARGES G. DATE OF SERVICE H. I.D. QUAL J. RENDERING PROVIDER ID #	
2		25. FEDERAL TAX ID. NUMBER SSN EIN <input checked="" type="checkbox"/>	
3		26. PATIENT'S ACCOUNT NO. ATL168950 27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4		28. TOTAL CHARGE \$ 109 00 29. AMOUNT PAID \$ 0 00 30. Rev'd for NUCC Use	
5		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	
6		32. SERVICE FACILITY LOCATION INFORMATION	
GILBERT CHAN MD		PEDIATRIC ORTHOPAEDIC ASSOCI	
05 05 2021		6 EXECUTIVE PARK DR NE SUITE	
SIGNED		ATLANTA GA 30329-2224	
DATE		33. BILLING PROVIDER INFO & PH # (404) 6219900	
1609036532		PEDIATRIC ORTHOPAEDIC ASSOCIATES	
1609036532		6 EXECUTIVE PARK DR SUITE 10	
1609036532		ATLANTA GA 30329-2224	

Hovers, Fisher (MRN 3302624)

Hovers, Fisher

MRN: 3302624

Chan, Gilbert, MD	OR Op Note  	Date of Service: 4/2/2021 9:44 AM
Physician	Signed	
Orthopedic Surgery		

Name: Fisher Hovers
MRN: 3302624
DOB: 8/31/2017
Age: 3y

Diagnosis: Closed displaced fracture of proximal phalanx of left thumb, initial encounter [S62.512A]

Postop diagnosis: Same

Procedure: Procedure(s):

CLOSED REDUCTION VS OPEN REDUCTION LEFT THUMB FRACTURE

Surgeon: Surgeon(s):

Chan, Gilbert, MD

Assistants: Tonya Dry Pa-C was present throughout the entire case in the role of a first assist due to the nature that no resident or other qualified assistant was present to help with the case. The assistant assisted in the following aspects of surgery which include pinning and casting

Anesthesia: General

Indications:

The patient is a 3y male who presented for evaluation of his/her thumb. The patient was noted to have a displaced proximal phalanx fracture. After a complete evaluation was performed, operative and nonoperative treatment options were discussed. It was deemed appropriate for the patient to undergo closed versus open reduction and internal fixation. The risks and benefits and all the possible outcomes and complications were discussed in depth and the patient and his or her family had consented to the procedure. Patient was subsequently brought to the operating room for the procedure

Procedure:

After informed consent was obtained and the surgical site marked, the patient was taken to the operating room where induction of anesthesia was performed. A timeout was done to ensure the right procedure and operative site was confirmed by everyone in the room. Once this was done the site was prepped and draped in the usual sterile manner. We began by evaluating the fracture under image, gentle reduction was performed. At this point we felt that the fracture was unstable. We then decided to treat the fracture with pins. A single 0.35 pins were placed from distal to proximal. The site was cleaned, the pins were bent and cut, sterile dressing placed. A thumb spica cast was applied. Patient was brought to the pacu in good and stable condition.

Implants:

Implant Name	Type	Inv. Item	Serial No.	Manufacturer	Lot No.	LRB No. Used	Action
						Left 1	Implanted

KWIRE
SMOOTH .035M
M - LOG743671

KWIRE
SMOOTH .03
5MM

MICROAIRE
SURGICAL
INSTRUMENT
S

Findings: fracture

EBL: minimal

Specimen (s): none

Drains: none

Condition/Disposition: good

PLAN:

followup in 3 weeks for cast off and xrays, pins out if healing seen

Gilbert Chan, MD

Admission (Discharged) on 4/2/2021 *Note shared with patient*

Hovers, Fisher (MRN 3302624) Printed by Reid, Gloria [GR7078] at 4/26/21 11:34 AM



Referring Provider Line - 404-446-3825
www.mypedsoortho.com www.nextlevelsportsmed.com

Phone- 404-321-9900 Fax- 404-321-4460



Thomas F. Byars, MD Gilbert Chan, MD Peter L. Meehan, MD Timothy S. Oswald, MD Albert M. Pendleton, MD Steven P. Schulerberg, MD Natasha A. Witz, MD
Edward Boos, PA-C Tonia Dry, PA-C Poh Lim, CPNP Courtney School, FNP Taylor Surtz, CPNP

Athens Atlanta Columbus Douglasville Kennesaw Lawrenceville Marietta Stockbridge Woodstock

PATIENT: HOVERS, FISHER

MRN: 234359

DOB: 08/31/2017

DATE: 04/07/2021

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: The patient is here with his mother this morning as in the middle of sleep he pulled off his left thumb spica cast. He had a CRPP done on 04/02/2021, only had the cast on for 5 days.

PAST MEDICAL HISTORY / FAMILY HISTORY / SOCIAL HISTORY / REVIEW OF SYSTEMS:
The patient's past medical/surgical history, including allergies and medications, as well as family/social history and a 15-point review of systems, is documented on the intake sheet completed today in clinic and was personally reviewed by me with the patient and/or parent/legal guardian.

PHYSICAL EXAMINATION: There is no sign of infection. Distal phalanx, left thumb has 30 degrees of forward flexion. No other deformity.

RADIOGRAPHS: Two-view left thumb shows a displaced proximal phalanx distal condyle, now in a better alignment.

ASSESSMENT: Postoperative left thumb closed reduction with percutaneous pinning. Unfortunately, the child pulled the cast off overnight.

PLAN: At this point, I placed him in a long-arm thumb spica cast. We will see him back in clinic with AP, lateral left thumb out of the cast.

Poh Lim CPNP

Thomas F. Byars, MD
Supervising Physician

HOVERS, FISHER
04/07/2021
PAGE 2

PL/tv/ML
D: 04/07/2021 T: 04/07/2021 Job ID: 231145662

CC: Jaime Davis, MD



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Phone- 404-321-9900 Fax- 404-321-4460



Thomas F. Byars, MD Gilbert Chan, MD Peter L. Mechan, MD Timothy S. Oswald, MD Albert M. Pendleton, MD Steven P. Schulenberg, MD Natalie A. Wade, MD
Edward Boos, PA-C Tonia Dry, PA-C Poh Lim, CPNP Courtney Schaal, FNP Taylor Smith, CPNP

Athens Atlanta Columbus Douglasville Kennesaw Marietta Stockbridge Woodstock

PATIENT: HOVERS, FISHER

MRN: 234359

DOB: 08/31/2017

DATE: 04/07/2021

XRAY REPORT

RADIOGRAPHS: Two-view left thumb shows a displaced proximal phalanx distal condyle, now in a better alignment.

Poh Lim CPNP

Thomas F. Byars, MD
Supervising Physician

PL/tv

D: 04/07/2021 T: 04/07/2021 Job ID: 231162246



Referring Provider Line - 404-446-3825
www.mypedsonortho.com www.nextlevelsportsmed.com

Phone- 404-321-9900 Fax- 404-321-4460



Thomas F. Byars, MD Gilbert Chan, MD Peter L. Meehan, MD Timothy S. Oswald, MD Albert M. Pendleton, MD Steven P. Schaefer, MD Natalie A. Wala, MD
Edward Boos, PA-C Tonia Dry, PA-C Poh Lim, CNP Courtney Schaeff, FNP Taylor Surin, CNP

Athens Atlanta Columbus Douglasville Kennesaw Lawrenceville Marietta Stockbridge Woodstock

PATIENT: **HOVERS, FISHER**
MRN: **234359**
DOB: **08/31/2017**
DATE: **04/28/2021**

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: I am seeing Fisher in followup today. He is a pleasant young man who comes in today for evaluation of a thumb fracture. He is doing well. He comes in today for reevaluation.

REVIEW OF SYSTEMS: A 15-point review of systems is documented on the intake sheet completed today in clinic and was personally reviewed by me with the patient and/or parent/legal guardian.

PHYSICAL EXAMINATION: Evaluation today shows mild radial deviation of the thumb. Otherwise, alignment is within acceptable limits. No rotational malalignment is noted.

RADIOGRAPHS: Radiographs taken of the thumb shows callus formation and progressive healing of the previously noted fracture.

PLAN: I am seeing Fisher in followup today. He was advised gentle range of motion exercises. We will see him back in 3 to 4 weeks. Repeat radiographs of the thumb will be taken for comparison.

Gilbert Chan, MD

GC/ML

D: 04/28/2021 T: 04/29/2021 Job ID: 232604629

CC: Jaime Davis, MD



Referring Provider Line - 404-446-3825
www.mypedsoortho.com www.nextlevelsportsmed.com

Phone- 404-321-9900 Fax- 404-321-4460



Thomas F. Byars, MD Gilbert Chan, MD Peter L. Neehan, MD Timothy S. Oswald, MD Albert M. Pendleton, MD Steven P. Schulerberg, MD Natijia A. Wila, MD
Edward Boos, PA-C Yoda Dry, PA-C Poh Lin, CFNP Courtney School, FNP Taylor Surin, CFNP

Athens Atlanta Columbus Douglasville Hiram Johns Creek Kennesaw Lawrenceville Marietta Stockbridge Woodstock

PATIENT: HOVERS, FISHER

MRN: 234359

DOB: 08/31/2017

DATE: 04/28/2021

XRAY REPORT

RADIOGRAPHS: Radiographs taken of the thumb shows callus formation and progressive healing of the previously noted fracture.

Gilbert Chan, MD

GC/ML

D: 04/28/2021 T: 04/29/2021 Job ID: 232663198

CC: Jaime Davis, MD

C.H.O.A Urgent Care
Hudson Bridge
(03/29/2021)
(\$1,987.10)

Pediatric Ortho
Associates

(03/31/21-04/28/21)

(\$2,019.00)

C.H.O.A – Egleston
(03/29/21-04/02/21)
(\$9,110.65)

C.H.O.A – Egleston

C.H.O.A – Urgent Care
Hudson
Bridge

Pediatric Orthopaedics
Associates

Exhibit 3

(Photos)

Exhibit 2

(O.C.G.A. '51-3-1)

Exhibit 1

(Turry v. Hong Kong
Delight, Inc.)

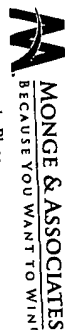


7021 2720 0001 7734 5051



ZIP 30350
041M11296160

\$020.90²



8205 Dunwoody Place
Building 19
Atlanta, GA 30350

VIA CERTIFIED MAIL:
Zurich Services Corp. ATTN: Cathy Morelli
PO Box 968064
Schaumburg, IL 60196

CLAIM NUMBER:

9640444960

PART:

OF

DOCUMENT TYPE:

Settlement / Demand



MONGE & ASSOCIATES

Personal Injury & Wrongful Death Lawyers

8205 Dunwoody Place, Building 19

Atlanta, Georgia 30350

(800) 899-5750 telephone

(678) 579-0204 facsimile

www.BecauseYouWantToWin.com

Julia Barbani

Alexander Brown ■ ♦

Ashley Crawley ▲ +

Kristina Ducos

Joseph Fleishman

Jason Green

Scott Harrison ■ *

Clark R. Karell Jr.

Kenneth Letsch ♦

Scott Monge

Amir Nowroozzadeh ▲

Joseph Perrotta

Charles Rauton

Alex Zubrowski

■ Also Admitted in AL

♦ Also Admitted in FL

▲ Also Admitted in SC

+ Also Admitted in NC

* Also Admitted in TN

October 10, 2022

VIA CERTIFIED MAIL:

Zurich Services Corp.

ATTN: Cathy Morelli

PO Box 968064

Schaumburg, IL 60196

**Re: Your Insured:
Claim No.
Our Client:
Date of Loss:**

**TJX Companies/ TJ Maxx
9640444960
Fisher Hovers
3/29/2021**

SETTLEMENT DEMAND

Dear Cathy,

Please accept this correspondence as our client's demand for settlement and compromise of this claim for damages arising from the referenced incident. While the following information should assist you in evaluating this claim and includes medical records, medical bills, and documentation showing the losses sustained by our client, this letter and the enclosed materials are submitted for the purpose of negotiation only. For this reason, nothing contained herein shall constitute an admission by our client, nor be admissible against our client at any hearing or trial.

Clear Liability:

On 3/29/2021, our client, Fisher Hovers (Age 3), was injured when a shopping cart located in a TJ Maxx Store collapsed on top of him while he and his mother were shopping. Our client immediately was rushed to Children's Healthcare of Atlanta. Under Georgia law, the doctrine of Res Ipsa Loquitur allows an inference of negligence to arise from the happening of an event causing an injury to another. Under the doctrine, a plaintiff must show that the defendant

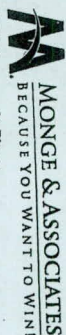






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10/12/2002
\$020.90
ZIP 30350
04/10/11298160



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Building 19
Atlanta, GA 30350

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PO Box 968064
Schaumburg, IL 60196